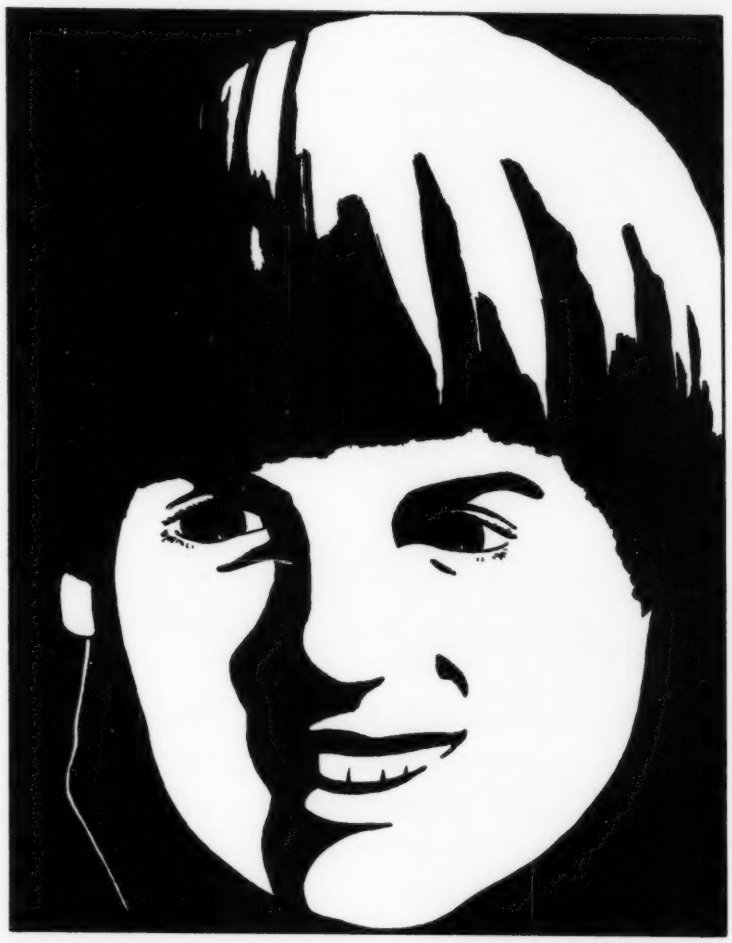
"Bureau" Memorandum

Wisconsin Department of Public Instruction / Barbara Thompson, Ph.D., State Superintendent

Volume 19, Number 2, 1978



DIVISION FOR HANDICAPPED CHILDREN

Victor J. Contrucci, Administration and Assistant Superintendent
Kenneth R. Blessing, Ph.D., Director, Bureau for Exceptional Children
Horace K. Tenney, III, M.D., Director, Bureau for Crippled Children

Coeditors-Kenneth McMahon and Patricia McMahan

Guest Editor-Dick Trotta is the Title VI-D program administrator for the Division for Handicapped Children. Several articles in this issue deal with planning, conducting, and evaluating inservice activities for parents, teachers, and administrators. In addition, this issue contains the second set of rules relating to Chapter 115 (PI 11.28-PI 11.29 and PI 11.31-PI 11.35).

Guidelines for Authors

The *Bureau Memorandum* invites manuscripts directed to the common interests of special education personnel in schools. Especially welcome is stimulating writing dealing with (1) discussions of current professional and special education related materials; (2) descriptions of new techniques of innovative practices and programs; (3) research reports of interest and significance to readers. Dialogues, poems, and brief descriptions of new practices and programs will also be considered.

Manuscript Preparation

Manuscripts to be considered for publication in any issue of the *Bureau Memorandum* should:

- be submitted in duplicate (original and one clear copy)
- be typewritten (pica style), double spaced. All references, footnotes, and direct quotations should be checked carefully for accuracy.
- be accompanied by a complete identification of all authors. Include title and position, present location, and mailing address of each author.
- if appropriate, include black and white photos that have good light and dark contrast and that are at least 3" x 5."
- manuscripts should average about 1,500 words—approximately six double-spaced typewritten pages.

Manuscript Submission

- send manuscripts to Kenneth McMahon, Editor, *Bureau Memorandum,* Division for Handicapped Children, 126 Langdon Street, Madison, Wisconsin 53702.
- acknowledgement of receipt of a manuscript and notification concerning its disposition will be sent to the main author within 6 weeks of arrival. Additional time will elapse between acceptance of the article and its appearance in print.

The *Bureau Memorandum* is abstracted and indexed in the *Current Index to Journals in Education.*

The *Bureau Memorandum* is published by the Wisconsin Department of Public Instruction, Division for Handicapped Children, 126 Langdon Street, Madison, Wisconsin 53702. It is issued four times a year to special education teachers and administrators, nurses working directly with the Bureau for Crippled Children, and trainers of special education teachers.

TABLE OF CONTENTS

VOLUME 19, NUMBER 2

Inservice Training/Outreach Activities for Personnel Serving Handicapped Children
Dick Trotta 2

An Individualized Training Plan Approach to Inservice
Charles W. Norman 3

Some Initial Considerations in Planning and Evaluating Inservice Education Programs
Will Ashmore 5

The Inservice Program at CESA 6
Marilyn Veneziano and Susan Treb 8

Order of the Department of Public Instruction Adopting Rules
Barbara Thompson, Ph.D. 11

Is Your Handicap Permanent?
Charles Jones 12

Two Special Education Teachers Retire 13

The Special Education Director's Role in Inservice Training Programs
Henry Donatell 13

Mainstreaming at Crestwood Elementary School
Mary Lee Peters 15

Inservice Involvement
Virginia Tutje 17

Inservice — Myth or Hope
Judith Podoll 18

Parents Need Inservicing, Too
Mary Knauf 21

Federal Programs Impact — Nondiscrimination — Section 504
John H. Stadtmueller 23

EEN Programming — Fringe Benefits to Regular Education
Arthur J. Baranowski 25

Profile — Paul Lauritzen 26

Staff Changes Within the DHC 27

Legal Opinion Regarding Section 115.86 (6) (a) (b): Limitations on CHCEB Authority to Contract Services
Mary Brooks Fraser 28

Questions Frequently Asked in Relation to the Least Restrictive Alternative Placement: A Legal Opinion
Mary Brooks Fraser 29

Have You Examined? 30

Suffer the Little Children
Horace K. Tenney, III, M.D. 31

Alertment to Wisconsin's Special Education Personnel:
Kenneth R. Blessing, Ph.D. 35

Chapter PI 11 — Rules Implementing Subchapter IV of Chapter 115, Wis. Stats. 36

Inservice Training/Outreach Activities for Personnel Serving Handicapped Children

By Dick Trotta
Program Administrator, Title VI-D, EHA
Division for Handicapped Children

The provisions made for and the priority placed upon the area of personnel development and inservice training for those who will serve children with exceptional educational needs (EEN) are most dramatically spelled out in recent state (Chapter 115 and the 13 Standards) and federal (P.L. 94-142) legislation.

Chapter 115 in its initial declarations mandated that the state agency (Division for Handicapped Children, DHC) would: "Develop a program for the preparation, recruitment, and inservice training of personnel in special education, and related fields including participation, as appropriate, by institutions of higher education, state and local agencies, and other public and private organizations. A plan for the development of this program, including statements of duties and responsibilities of personnel to be trained, shall be made within one year of the effective date of this Act" (such a plan was completed in July 1975). Chapter 115.83 (1) (c) specifies that the local educational agency (school district, cooperative educational service agency (CESA), or county handicapped children's education board (CHCEB)) is to: "Provide inservice training for any teacher who has a child with EEN in a class and any other services approved by the department (DHC)."

The 13 Standards for classification of local public school districts state also that a school district: ". . . shall provide a planned, continuous inservice program for the professional staff. Such program to be jointly planned by teachers, administrators, and board."

Federal legislation described in P.L. 94-142, provides that the state agency, in its annual program plan to the United States Office of Education (USOE) will contain: "121.2660 A comprehensive system of personnel development:

> . . . which provides structure for personnel planning and focuses on preservice and inservice education needs (121.264) and inservice training (121a, 263)."

The above introduction cannot help but create both excitement and frustration in many of us—depending of course which vantage point we are coming from. At this moment, I feel the "excitement" of the task by envisioning the tremendous potential for creating a pattern of cooperative, comprehensive, meaningful plans for personnel development and inservice training programs. The frustration sets in when attempts are made to coordinate the planning and interaction of federal, state, and local agencies and resources in an implementation process. Historically, the Division for Handicapped Children has provided inservice training to the special education programs and personnel throughout the state via: special meetings and conferences called by the DHC; technical assistance and consultation by the DHC staff; dissemination of instructional materials, literature, publications, and equipment via the DHC audiovisual and publications department and the Special Education Instructional Materials Centers (SEIMC) in the field; and projects, workshops, and special study institutes funded by state and federal resources (Title VI-B-C-D; Great Lakes Area Resource Center (GLARC), Wisconsin Resource Center (WRC); Title IV; vocational education funds; and SEIMC).

Add to the aforementioned DHC inservice activities the corresponding efforts for handicapped children being conducted by other divisions in the Department of Public Instruction (DPI) either directly or indirectly. For instance, Title I, ESEA (Division for Instructional Services) demands a comprehensive inservice component for all local educational agency (LEA) projects approved. The broad-range coordinative base for DPI inservice is attended to by Robert Skeway, inservice education supervisor. Other thrusts are being generated through the University of Wisconsin system and the Extension Division. Inservice activities seem to be going on all over the state but putting a handle on coordinating these efforts is a monumental task. Currently, the author is involved in two such coordinative efforts: chairman of a subcommittee on personnel development which includes preservice and inservice training needs under the Title VI state plan required by P.L. 94-142 and cochairman of a state group entitled Wisconsin Cooperative Planning Committee for Handicapped Personnel Preparation, better known as the Z-Group. The Personnel Development Subcommittee is charged with the development of a state-wide plan describing the program and procedures for the implementation and use of a comprehensive system of personnel development which includes: "the inservice training of general and special educational instructional and support personnel" (among others). The Z-Group consists of 30 members representing 16 Wisconsin teacher training institutions, the University of Wisconsin Department of Administration, and the Wisconsin Department of Public Instruction. These representatives are directly involved in the pre- and inservice training of personnel in special education and related fields. The committee is charged with the task of developing a statewide cooperative plan for the preparation of personnel in special education by July 1, 1978.

The "tools" are available to get the job of coordinating inservice efforts done; the trick is to utilize the appropriate tools and procedures for implementation of the tasks at hand. This issue of the *Bureau Memorandum* contains articles written by a representative cross-section of personnel who are involved with the education of handicapped children. They include LEA regular and special education teachers and administrators, university teacher trainors, state education agency staff, parents, and local school board members. Each will attempt from his or her perspective to relate to the importance of inservice training and preparation of special and regular educators who serve handicapped children in Wisconsin today. As guest editor of this issue of the *Bureau Memorandum*, I am personally grateful to all who contributed articles for publication. We hope that the readers will be able to draw from these articles some valuable insights and information regarding the very important areas of personnel preparation and inservice training. May your reading, also, be an enjoyable adventure.

An Individualized Training Plan Approach to Inservice

Charles W. Norman
Assistant Professor
Department of Studies in Behavioral Disabilities
University of Wisconsin-Madison

The major purpose of this article is to present some concepts for inservice training which will facilitate both individualized educational programs and program development. It is focused on the need for a training delivery system that is responsible to the specific needs of the teacher who is attempting to prepare and present daily programs for his/her children but who needs additional knowledge or skills to be effective. Hopefully it will be possible to describe an individualized training plan (ITP) approach for teachers which could be developed much like the individual educational program (IEP) that is being used for exceptional children.

Most current service legislation, such as Chapter 115 and P.L. 94-142, includes specific language which requires appropriate inservice and preservice training to assure that qualified professionals are available to provide the quantity and quality of services mandated in the legislation. The form of the training is not specified nor is the training delivery system to be used very clearly described. This can be a very positive opportunity to develop innovative and responsive training programs. However, it can also lead to repititions of traditional inservice approaches that are often too general and seldom targeted on the specific training needs of individual teachers or other participants.

Before looking at the goals and training concepts which could be part of an individualized training approach, it is important to review some of the problems encountered with many inservice programs. They are seldom carefully tailored to helping the teachers acquire the skills they need to teach the children actually in their classes. The inservice program may be focused on the general category of children (mentally retarded, learning disabled, etc.) but they are not based on a careful analysis of the educational needs of the specific children in the teacher's own class. This approach takes the teacher very close to significant improvements in his/her teaching, but still fails to complete the final application of the new concepts or skills to the teacher's actual daily instructional programs.

A second problem is that the inservice program schedule may not provide training opportunities when the teacher can actually try out the concepts or skills and come back for training follow-up. This can happen very easily when inservices are scheduled around vacations, conferences, or semester breaks. Inservices at other times may be difficult to coordinate and they may also conflict with the pressures of completing M-team evaluations, end of the year reports, or other time consuming tasks. However, these are the very tasks that most inservices are designed to assist the teacher in accomplishing more effectively and efficiently. Individualized inservices directed at those tasks would be more meaningful and more likely to lead to the teachers actually trying out the new concepts or skills.

Related to the general problem of scheduling inservices is that they are often too infrequent to be an ongoing part of the teacher's practical professional activities. Even when there is a number of inservice sessions scheduled on a regular basis, the level of the training may vary greatly from session to session. This results in the inservice time being used inefficiently or becoming just a "habit" that is done

because of the schedule—not because of its responsiveness to specific training needs.

A third problem is that many teachers learn new concepts or skills in an inservice program but then find that they are unable to try out these concepts or skills because of a lack of resources, administrative support, or a local tradition of service that is resistant to change. The simplest example is when a teacher learns about a new reading or math program which seems very appropriate for his/her students. However there is no money to buy the materials or the money can't be budgeted for another year when the students who need the materials are in another class. Another example is the situation in which the teacher learns how to design individualized programs using special education, regular education, and other professional services yet cannot implement such programs due to local programming policies or limited available resources.

The fourth problem which is critical to the success of any inservice program is its method of evaluation. Usually inservices are evaluated by self evaluation by the participants of the content, method of training, outcomes, and general satisfaction. While this information is a necessary part of the evaluation of an inservice, it neglects the primary goal of most inservice-*improved child growth or performance.* Further the typical evaluation does not usually assure continued training until the teacher masters the concepts or skills and can demonstrate their successful application to actual teaching. The result is an emphasis on the inservice itself and not on its impact on individual educational programs for children.

Individualized Training Plan

These problems provide a background for looking at the goals and concepts of an individualized training plan approach to inservice. The following suggestions for inservice are meant to focus on refining the current approaches to inservice through developing a new systematic component in the total training delivery system. Also it is recognized that there are practical problems of money, personnel, and program policies which makes implementation of an individualized training approach a difficult task. However without clearly stated alternatives, change is not likely to occur. Finally none of the suggestions are intended to be a criticism of current or past inservice systems. Their goal is to stimulate consideration of a new opportunity for improving the total training delivery system. Without the efforts and experiences of the past, it would not be possible to approach this step in developing the inservice system.

Goals

The goals of an individualized training plan approach to inservice focus on maximizing the responsiveness of the training delivery system to the training needs of individual teachers in the process of providing ongoing service to children.

> *Goal 1:* Establish a component of the training delivery system which is responsive to the individual needs of teachers.

This requires that state, local, or combined educational agencies, institutions of higher education, and other service/training agencies commit to the development and implementation of such a training component. Moreover it means that there is an initial commitment to the concept of individualized training delivered immediately and flexibly.

> *Goal 2:* Inservice training will be based on providing teachers with the concepts or skills necessary to implement specific educational programs.

A basic concept of this approach is that a teacher receive training based on an analysis of his/her skills in relation to what is needed to carry out a specific IEP. General categorical or topical inservice training may also be conducted on a regular basis. However it is necessary to assure that each teacher have the additional opportunity to systematically develop the specific skills or concepts to be used with his/her own students.

> *Goal 3:* Evaluation of individualized training should include individual child growth or performance as the data on the effectiveness of the training.

This goal is essential to the implementation of an inservice program which is accountable for its effectiveness in improving the quality of the service delivery system. Other evaluation data should also be used to analyze the content, methods, and impact of the training. But a basic part of the evaluation system must be demonstrated effectiveness in improving a child's education as shown in the child's increased growth or performance. Along with child performance data, there should be opportunity for additional follow-up training as a result of evaluation.

> *Goal 4:* Individualized inservice training should include specific strategies for providing or developing the resources, program changes, or other supports necessary to implementation of the teachers new concepts or skills.

This goal is also very critical in the process of developing teacher competencies targeted on specific child needs. When individualized training plans are based on child needs, they also bring out additional actions needed to make it possible to adopt the practices identified in the teacher competency evaluation. This also provides the practical step in coordinating teacher skills, service delivery resources, and child needs in an accountable, child outcome oriented system.

> *Goal 5:* The individualized training approach to inservice should include strategies for input to long term program development and evolution in the service delivery system.

While there are many sources for service delivery system growth and improvement, inservice training has a unique potential for contributing to this process. Each particular individualized training plan can serve to point out teacher skill and service delivery system changes needed by the particular children in a school system. Over time these are the data that are uniquely suited to a given situation. They can then be a practical source for long term planning of the overall system based on a direct assessment of the teachers and programs of a local educational system.

Summary

These goals operationalize a very simple concept: the needs of children should control the development of the teachers' skills, program resources, and supporting program policies of each local service delivery system. Such a concept is central to the service mandates of state and federal legislation. The implementation of this concept requires a model for conducting the individualized inservice training model and strategies for supporting the training plan. This will also introduce some new and non-traditional coordination of the service and training delivery systems.

Aside from providing a practical approach to improving the ability of teachers to serve children, there is at least one important potential side effect. This approach to training may bring about direct coordination of university, local education agency, and professional organization training resources. Each of these groups have important independent functions. However, there are often gaps in their effective coordination at the level of individual teachers and children in the classroom.

It is possible that individualization may become a practical reality in education and training. What is needed is a serious consideration of the alternatives with a commitment to the practical realization of the legal and philosophical goals of our programs for children.

Some Initial Considerations in Planning and Evaluating Inservice Education Programs

By Will Ashmore
Program Evaluation Coordinator
Bureau of Planning and Evaluation
Department of Public Instruction

Inservice education programs continue to be seen as having tremendous potential to influence change in education. There are three major kinds of inservice education programs: (1) continuing education through university course work; (2) short-term training projects such as conferences, institutes, and workshops; and (3) intensive training programs designed to help teachers acquire specific skills with the ultimate purpose of affecting change in pupils.

Evaluation of inservice programs is primarily associated with the latter two types: short-term training projects and intensive teacher training programs. What typically happens in the evaluation of these programs is that an evaluator is sought who is outside or independent of the program. The evaluator does not usually participate in the design of the program, but instead comes afterward with a variety of measurement tools which are intended to determine if the inservice program produced the desired outcomes. Finally, the evaluator develops an evaluation report to be submitted to the program's sponsor.

While this type of assessment ordinarily meets minimum evaluation requirements established by sponsoring agencies like the federal government, it is probably not the most effective use of evaluation for inservice programs. Rather the evaluator's role in inservice education programs ought to be a proactive one, requiring a cooperative effort between the program planners and the evaluator at the inception of the program. It is important for the evaluator to have an interest in seeing that the program is effective rather than taking the position that it is someone else's responsibility to make it effective. Why evaluate an inservice program which is poorly designed simply to demonstrate that it is poorly designed?

The purpose of this article is to identify and describe what this writer believes to be the most important function of evaluation vis-a-vis inservice education programs. It is intended to be a practical guide for individuals who are charged with the responsibility of designing inservice programs which ultimately will improve educational opportunities for all children.

The author would like to extend his appreciation to Dick Trotta, Thomas Stockton, and others in the Division for Handicapped Children for the opportunity to assist them in the evaluation of inservice programs funded under Title VI-D, EHA. Experiences gleaned from this involvement helped shape, in large part, the ideas shared in this article.

Preliminary Evaluation Considerations

As the title of this article suggests, there are some initial considerations in planning and evaluating inservice education programs prior to the actual start of the program. These considerations could be viewed as a "review of the program design."

Seven general and sequentially arranged questions serve as a guide for the review of the inservice program design. These include:

(1) What contextual variables, issues, and concerns will affect the program?

(2) What kind of inservice program is it?

(3) On what basis were the goals and objectives of the program established?

(4) Are the objectives of the program worth pursuing?

(5) How will the program be conducted?

(6) Are the facilities selected conducive to a successful program?

(7) Does the budget reflect and support the thrust of the program?

The thoughtful consideration and assessment of each question prior to the implementation of the inservice program should lead to a program which has an increased chance of succeeding. Furthermore, an evaluation cooperatively developed by the inservice planner and the evaluator is likely to provide information that can best serve the planner's purposes.

Discussion

"What contextual variables, issues, and concerns will affect the program?" Prior to designing the inservice program, it is often helpful to think about the broader context affecting the program. This might involve answering or considering such questions as: Why is the inservice program needed? Who is sponsoring it? What purpose does it serve? What is its fiscal allocation? Will it be the basis for future inservice programs or one-time event only? Who will be affected by it?

A search for answers to these questions can be revealing. For instance, an inservice program which will be used as the spring board for related inservice activities or an inservice which intends to affect the behavior of individuals and various institutions might suggest a decentralized, team-approach to planning the inservice. It may also suggest the number and types of individuals who should be invited to participate. As an example, when conducting an inservice program to explore ways of implementing the least restrictive alternative, it will be important to have key regular educators, like classroom teachers or building principals, involved to some degree in the planning of the program. The idea here is to involve those individuals who have the influence to support, or block the idea once it gets past the inservice phase and is on its way to the implementation phase. Though the inservice might be short-term in nature, a diagnosis of the context might suggest that the planning of the program ought to be of a long-range nature.

On the other hand, if the inservice program is a one-time event only and its purpose is more political in nature, it probably isn't necessary to plan the program and the related evaluation in detail.

Once the inservice planner and the evaluator have mapped out the context of the program and developed alternative strategies for organizing it, they can then proceed to the technical/substantive aspects of the inservice design.

What kind of inservice program is it? Mentioned earlier in the article were the two general kinds of inservice worth evaluating: short-term training projects like conferences, institutes, and workshops and intensive teacher training programs. The program's design and the related evaluation will and should vary depending upon the kind of inservice program conducted, mainly because the expectations for what can be accomplished in the two kinds of inservice are different.

Conferences, institutes, and workshops generally are conducted anywhere within a 1-day or 1 week span. Generally, it is unrealistic to think that inservice programs of this nature can provide immediately usable in-depth skills. More than anything, the purposes of these kinds of inservice programs are to share new information, renew already obtained skills, provide opportunity for participant interaction, or present a perspective about a new idea. Review almost any inservice program of this nature and you will note that its goals are usually broad and global - as they should be. Thus the planner and the evaluator ought to think of workable designs for the inservice which fall within the broad mission of the given workshop and an evaluation component which can realistically ascertain where any new information was understood, new ideas we accepted or rejected, and whether the participants left the inservice with a renewed perspective. In short, broadly based inservice programs should be complimented by an illuminative evaluation which can tap and describe the broad concerns of the participants and perhaps give some indices or direction for future activities.

When an intensive skill based inservice program is scheduled, one can expect to effect observable behavioral changes in those the program serves. In this case, the design of the inservice can be systematically tailored to produce these changes and the evaluation can focus in and determine whether or not the specific outcomes were accomplished.

On what basis were the goals and objectives of the program established? How many times have you attended an inservice program which left you wondering why you attended? Or have you read through an inservice evaluation report which included an anecdote from a participant who indicated " . . . the information provided was interesting, but the program really didn't meet my needs."

The point to consider is that an inservice program should be designed for those it serves, whether they be teachers, administrators, or parents. Realistically, inservice programs can never meet everyone's needs, nor will everyone perceive the intent of an inservice in the same light. But prior to designing the program, every attempt should be made to identify what the participants need and want in terms of an inservice program, how the inservice should be conducted, when and where it should be conducted, and the mode of instruction to be used. Granted, this is a very difficult task to accomplish when planning an inservice program, especially in terms of the time and resources available for the planning effort. However, there are at least three strategies which can be employed to strive for these ends. First, it is almost always beneficial to request a representative number of participants to assist in the initial planning of the program. At this planning stage their ideas, needs, and concerns can be determined and built into the program. In addition, cooperative planning of this nature can develop greater support for the program and increase the likelihood that the effect of the program will be carried over into practice at the classroom, school building, or district level.

The second strategy, which should be carried out in tandem with the first, is to be as specific as possible about the goals and objectives of the inservice. These should be shared well in advance (perhaps along with the inservice invitation and agenda) with the participants so they can assess whether the inservice program is worth attending. Much like a person running for public office, the inservice planner should want to get out the "yes votes," those individuals who will benefit from the inservice, and get the "no votes" to stay home until a program suitable to them becomes available.

A third strategy consists of requiring *all* inservice consultants, presenters, instructors, etc. to identify their objectives and have these available for the participants before or during the inservice program. These are not necessarily useful for evaluative criteria but serve as a basis for the participants to select inservice sessions congruent with their professional needs.

Are the objectives of the program worth pursuing? Each aspect of an inservice program design should be thought of and planned within a framework of the primary objectives to be achieved. Once the inservice planner and the evaluator feel relatively confident that they have identified the needs of the individuals, groups, and institutions to be served by the program, objectives to meet those needs should be formulated. Because of the importance that the objectives play in the overall inservice design, it is often valuable to critically review the objectives prior to their wholesale adoption as worthwhile targets.

Working together, the planner and the evaluator should pretest the objectives. Guiding such a review would be the following questions: Do the objectives adequately reflect the identified needs of the participants? Are the objectives the best possible indicators of the broad goal of the program? Are they challenging? Are they realistic and attainable? And, can they be measured or estimated? A cooperative and timely review of the primary objectives of the program often uncovers "red flag areas" which can be resolved before the remainder of the program is planned. The key to relevance in inservice education is the degree to which objectives correlate with needs. Therefore, spending some portion of the planning time reviewing the objectives of the inservice design is time well spent.

How will the program be conducted? When thinking about the actual operation of the inservice, one needs to think about the means, activities, and vehicles which are most likely to bring about the successful attainment of the inservice program's objectives and make the participants' involvement in the activity a satisfying one.

The processes selected for the inservice should revert back to the original needs assessment. Do the participants have any preferences about the organization of the program, the instructional modes used, or the time span for the program? For example, is it really of value to use 2 hours of a 2 day workshop for a keynote speaker and for other acknowledgements, or should this time be used to get right to the business of inservice? This is just one example of an apparently trivial yet moderately important decision that a planner needs to make.

Another consideration in designing an inservice is the flexibility that it should offer the participant. Should the inservice sessions be organized sequentially, i.e. participants must attend one session before progressing to another? Or should the inservice be designed so that a wide variety and quantity of relevant topics are available from which the participants may pick and choose? Answers to both of these questions rest with the knowledge about the participants' preferences, the goals and objectives of the inservice and the time set aside for the program.

The final element to consider is the mode of instruction to be used. Have you attended an inservice program where the primary mode was lecture and no participant involvement was sought? Generally this one-way communication is not very satisfying to a participant especially when the lecture is not geared to the needs of the audience. Or, have you participated in small group sessions which did not allow sufficient time or opportunity for completion of tasks assigned?

While there is no single best way to arrange and conduct inservice activities, the planner and evaluator should engage in a search for what is institutionally desirable and personally satisfying to those for whom the inservice is intended.

Are the facilities selected conducive to a successful program? Facilities and other physical characteristics of the inservice play a surprisingly vital part in the effectiveness of a program for several reasons. For programs like workshops and institutes, where much is covered in a short period of time, it is desirable to have breaks like coffee and group meals scheduled at the inservice site to ensure a strict adherence to the planned schedule; likewise it is desirable to select a site where the participants can enjoy comfortable overnite lodging and access to other personal conveniences. Inservice programs are notorious for their mortality rate, i.e., the extent to which participants leave prior to the scheduled completion of the program. Facilities play an important "holding" function to reverse this trend.

At a more substantive level, the facilities should be viewed as a supportive mechanism for the main thrust of the program. A program which features small group discussion or participant involvement should include arrangements such as movable tables and chairs and appropriate areas for writing, listening, or speaking. Accordingly, a visit to the site prior to the program can determine whether lighting, acoustics, and ventilation are adequate and what changes need to be made. On the other hand, lecture-like modes of inservice should be supported by sufficiently large rooms which offer a clear view of the lecturer and microphones and/or projectors and screens in good working order which will supplement the lecture.

Finally, the inservice planner should reserve a space for materials display and related information. Participants don't always attend each session of the program and access to supporting materials is often viewed favorably.

Does the budget reflect and support the thrust of the program? One of the final steps in the review of the program design is a program audit of the inservice budget. Does the budget correspond to the objectives of the program? Have sufficient funds been allocated for materials and mailing accounts? And does the budget stay within the confines of the sponsoring agency's requirements? These are but a few of several questions which can be useful to examine the budget.

Since the budget is the fiscal plan of the program, it is well worth reviewing as a final step in the testing of the program prior to conducting it.

Summary

This article focused on seven basic considerations to planning and evaluating programs of inservice education.

Much like a preaudit, each consideration is a check on the quality of the program design prior to its actual implementation. The article suggested that the review of the program design should be a cooperative effort between the evaluator and the planner to increase the likelihood of the inservice program's success.

The Inservice Program at CESA 6

By Marilyn Veneziano
Former Program Support Teacher - Speech and Language
Presently Child Find Coordinator
CESA 6

Susan Treb
Teacher of the Hearing Impaired
CESA 6

The Exceptional Education Department of Cooperative Educational Service Agency (CESA) 6 offers 7 inservice days to the exception education needs (EEN) staff of the 23 local school districts.[1] The purpose of the inservice program is to provide a staff development program directly related to the needs of the EEN staff members. Specific inservice goals for each area of exceptionality were determined by the professional staff of that program area prior to the school term. Speakers, consultants, and/or activities are drawn from a variety of localities and sources to meet the goals identified by the professionals.

[1]Credit should be extended to the administrative staff of CESA 6 Special Education Department for their involvement in perfecting this process.

Table I — 1976-77 inservice programs for CESA 6.

	SPEECH/ LANGUAGE and EARLY CHILDHOOD	LEARNING DISABILITIES	ELEMENTARY and MIDDLE EMR	SECONDARY EMR	MULTIHANDI-CAPPED and TMR
October 16, 1976	"The Hearing Impaired Child" To be held on March 12, 77	Desired learning outcomes Code new materials for RRC	Review math objectives Write math objectives	M-team procedures Project SERVE	M-team procedures Presentation of RADEA program
November 13, 1976	Approaches and suggestions for behavior modification programs (Tom Hegranes Carol Craig, Betty Paskawsky)	English curriculum: Adaptations for LD children End-of-year reports New Legislation Chapter 115 and Public Law 94-142 (To be held on March 12)	Write math objectives Develop curriculum Tour IMC check-out materials	Parents: How to become involved in school Social services and unified services	Fine motor skills Gross motor skills
December 11, 1976	Behavior management (Dr. Harlan Heinz) Specific management problems (Dr. Heinz)	Update on methods and approaches, including LD literature	Dr. Welds: Sex education	Mainstreaming	Dr. Welds: Sex education
February 5, 1977	Motor development (Leila Green, RPT) Movement experiences (Leila Green, RPT)	Emotional problems in young children Discuss and order materials for IMC	Nonverbal communication The withdrawn child acceptance of role (Dr. Harlan Heinz)	Program alternatives The withdrawn child acceptance of role (Dr. Heinz)	Bliss Symbols Nonverbal communication
April 23, 1977	Stuttering (Dr. Ted Peters) Material exchange	Social studies curriculum: Adaptations for LD children Planning session for 1977-78 inservices	Rollie Hicks: Math evaluation End-of-year wrap-up	End-of-year reports and objectives Diplomas and grading	Vocational rehabilitation and work study after graduation

Six of the 7 inservice days involve programs developed and implemented by local district and CESA 6 exceptional education staff members. Professional staff are reimbursed for inservice programs. The one remaining inservice day may be used in either of two ways. However, both the local district administrator and the director of special education must approve the selected inservice option.

Option 1—Visitation Day—The EEN staff member may elect to visit another EEN program. Since the visitation day would take place during the school work day, the teacher's reimbursement would be used to cover the district's cost for a substitute teacher.

Option 2—Professional Conference—The EEN staff member may elect to attend a professional conference on a non-school day. Objectives indicating how conference attendance will improve ability to work with students must be submitted to the local district administrator and the director of special education. Using the objectives as a guide, a decision is made regarding the request.

The history of inservice programs in CESA 6 involves a variety of delivery alternatives. Among the inservice models were: Friday afternoon meetings involving an individual disability group; geographical area cluster meetings of several professional areas held in the early evening; and some Saturday meetings occasionally including a few program areas. The need for a more organized delivery model soon became apparent as interest and attendance declined. Communication among professionals of different disciplines was hampered under the past structures.

Presently teachers of all program areas meet on six scheduled Saturdays scattered throughout the school year. The areas of exceptionality are represented by professionals in five program groups: speech/language and early childhood; learning disabilities; elementary and middle educable mentally retarded (EMR); secondary EMR; and multihandicapped and trainable mentally retarded (TMR). Each of the five groups arranges two sessions for each inservice day.

Goals for inservice programs, identified by the disability groups the previous year, are discussed and developed into inservice programs through the efforts of an exceptional education advisory council and program support teachers. The advisory council is composed of two representatives from each program group. The staff representatives, program support teachers, and the director of special education meet prior to each inservice program.

All members bring concerns and information from local district staff members. The topics presented in the 1976-77 inservice program are listed in Table 1.

The council members utilize the following organizational structure throughout each inservice program.

8:30 a.m. — 9:00 a.m.	Coffee and chit-chat
	Advisory council meeting: (Program support teachers meet individually with chairpersons)
9:00 a.m. — 9:30 a.m.	General meeting
9:30 a.m. — 10:00 a.m.	Small group meetings
10:00 a.m. — 11:15 a.m.	Sectionals
11:15 a.m. — 12:30 p.m.	Lunch
12:45 p.m. — 2:00 p.m.	Sectionals
2:00 p.m. — 3:00 p.m.	Discussions:
	Materials
	Production
	Question/answer period

The coordination and final decisions concerning topics, content, speakers, and arrangements are made. A week prior to the inservice, EEN staff members and building principals receive the finalized agenda for the upcoming inservice as well as an evaluation and minutes of the previous inservice. Please note, that as goals often relate to parent education, the local district staff extends an open invitation to all interested parents.

During the final council meeting of the year, plans for future programs are introduced. Determining the six dates for the following year's inservice days is the responsibility of the advisory council. Every attempt is made to schedule inservice programs on dates that do not conflict with established conferences being held throughout the state.

The program is held in an elementary school building. The multipurpose room is used for the general meeting which is attended by all staff members. Following announcements and other group information, each program group gathers in a classroom for small group meetings. This allows for discussion of individual concerns or information specific to a program area. The chairperson and secretary relate information from the advisory council meeting and the details concerning the upcoming inservice are discussed. The results of each program area discussion are relayed to the advisory council at the next meeting by the program representatives. With this cycle of information flowing between the council and local district EEN staff members, a valuable and meaningful service can be provided for all teachers and children.

The first session begins at 10:00 a.m. and the second session at 12:45 p.m. At these times, staff members are free to attend the program of their choice regardless of their professional area. This gives all teachers the opportunity to gain information and skills from other program types. It provides an excellent opportunity to promote communication among exceptional education disciplines. Following each session, an evaluation of program content and practicality is completed by each individual in attendance.

During the remaining hour of the inservice day, professionals of the five program groups gather for one last time. Content for his hour is flexible and dependent upon the needs of the group. The hour has been used for meetings, checking materials in or out of the Regional Resource Center, discussing individual children, continuation of either session, or other activities as necessary.

Following is the compilation of data from the six inservice programs:

Date: Total of six inservices

Inservice: EEN staff

We would like your help in giving us an idea as to how we might improve this workshop so that it will better meet your needs. Please answer the questions below and return this form to us.

1. Did you learn something new about the topic?

   Yes 90% No 5% ? 6%

2. Did you find something in the presentation that could be used Monday—was the presentation practical?

   Yes 88% No 6% ? 7%

3. Was the topic of the presentation appropriate to you in your job?

   Yes 98% No 1% ? 1%

4. Did the format of the presentation allow you to become involved in the presentation?

   Yes 98.5% No .5% ? 1%

5. Comments: (from participants)

   (1) I liked the new procedure. I feel like we've really accomplished something organized!

(2) The session was presented very well. Interest was high. Lot of worthwhile interaction, discussion, and information.

(3) Examples used were situations from our own classrooms—input by teachers present—this was very good because speakers did not get way off base but gave their expertise on realistic situations.

(4) I had several things cleared-up and will try them.

(5) Refreshing and realistic!

(6) Could have lasted longer.

(7) Gained much from problems presented by other teachers.

(8) Dr. Weld's presentation on sex education—his attitude—his way of dealing with questions was fantastic! The whole group was involved, in-tune with the problem. A super presentation!

(9) I think more involvement could be brought about if small groups (four or five people) could get together to have problem solving sessions. As a first year teacher, I could use some veteran support.

(10) It was down-to-earth, clearly presented, well-organized presentation. Absolutely excellent!

The evaluative data and a sample of additional comments from professionals certainly substantiates that this year's inservice program provided pertinent information for teachers in the area of staff development. Equally important is the awareness that has been gained which promotes total programming among professionals for individual children.

Order of the Department of Public Instruction Adopting Rules

This is an order of the State Superintendent of Public Instruction, adopting rule PI 3.03 (4) of the Wisconsin Administrative Code.

Pursuant to authority vested in the State Superintendent of Public Instruction, by section 115.28 (7), Wis. Stats., the state of Wisconsin, Department of Public Instruction, hereby adopts rules as follows:

That PI 3.03 (4) is renumbered PI 3.03 (5).

That PI 3.03 (4) is created to read:

PI 3.03 (4) Early Childhood—Exceptional Educational Needs. Effective July 1, 1978, all persons employed as teachers of early childhood—exceptional educational needs must hold Department of Public Instruction licensure.

(a) Baccalaureate degree holding applicants shall have completed an approved early childhood-exceptional educational needs program which includes a minimum of 34 semester credits of course work from each of the following areas:

1. methods of teaching reading
2. child growth and development
3. psychology of learning
4. methods and curriculum in early childhood education
5. student teaching with normal young children
6. psychology of the exceptional child
7. language development and disorders of the young exceptional child
8. introduction to the education of the young exceptional child
9. methods, curriculum, and materials for the young exceptional child
10. assessment of the young exceptional child
11. organization and administration of programs for the young exceptional child
12. parent training and family involvement of the young exceptional child
13. student teaching with the young exceptional child

(b) A properly licensed special education teacher who has been successfully employed (as verified by the superintendent or his/her designee) as an early childhood—handicapped teacher by a local educational agency for two semesters between July 1, 1973, and July 1, 1978, shall be certified in early childhood—exceptional educational needs.

That PI 3.03 (5) is renumbered PI 3.03 (6).

That PI 3.03 (6) is renumbered PI 3.03 (7).

That PI 3.03 (7) is renumbered PI 3.03 (8).

That PI 3.03 (8) is renumbered PI 3.03 (9).

That PI 3.03 (9) is renumbered PI 3.03 (10).

That PI 3.03 (10) is renumbered PI 3.03 (11).

That PI 3.03 (11) is renumbered PI 3.03 (12).

That PI 3.03 (12) is renumbered PI 3.03 (13).

That PI 3.03 (13) is renumbered PI 3.03 (14).

That PI 3.03 (14) is renumbered PI 3.03 (15).

The rules contained herein shall take effect on July 1, 1978.

Dated this sixth day of September, 1977.

Barbara Thompson
State Superintendent

Is Your Handicap Permanent?

By Charles Jones
Chairman
Manitowoc County Handicapped Children's Education Board

The above question may be misleading and possibly inaccurate. However, let's proceed with the assumption that if you are working with handicapped children and are not meeting their needs to either your or their satisfaction, you are, indeed, suffering from a handicap which may be as painful and disturbing as the handicaps in children you are serving.

The theme for the Winter-1977-78 issue of the *Bureau Memorandum* is inservice training/outreach activities for personnel serving handicapped children. In considering this theme, the following assumptions are made: First, it must be recognized that all personnel serving handicapped children—teachers, parents, administrators, custodians, bus driver, cooks, nurses, physicians, psychologists, and others—who because of the nature of their work perform a service targeted toward the needs of handicapped children should be included in service growth patterns. This article will deal primarily with professionally trained personnel—teachers and administrators. Secondly, in considering inservice training, preservice preparation as well as inservice training must be included. Preservice training includes all preparation prior to actual service whether it is contained in a bachelor's degree in special education, a bus drivers' license, the earned expertise of a skilled cook, or the conditioning and understanding of a concerned parent. All concerned, regardless of position or degree, have a common goal — meeting the needs of handicapped children. Of course, the needs of handicapped children are no different than for so-called normal children. Meeting the needs merely requires special techniques and treatment.

Historically, we must recognize that education of the handicapped child is a comparatively new venture and consequently there is much to learn by all concerned. This makes inservice training a necessity rather than a tolerated nicety.

If inservice training is to be meaningful and beneficial, two basic prerequisites appear on the scene. First, the professionally trained person must recognize that the degree, although meeting initial certification requirements, is only the introduction to the complex task of teaching handicapped children. The second prerequisite not only requires acceptance of the first prerequisite but also a positive attitude and a genuine desire to grow professionally. If inservice training is to be considered in the broad sense, it must include a variety of experiences designed to meet needs rather than a formal prescription on a narrow base imposed by a well meaning administrator or professor.

---

[1]"Some Requirements for Successful Inservice Education" by King, Hayes, and Newman. *Kappan*, May 1977.

Quoting in part from the May 1977 issue of the *Kappan* regarding inservice training: "First, systems with successful programs make a genuine effort to identify all local needs, wants, or problems that might possibly be met through effective inservicing. It is important that this determination not be made unilaterally by an administrator, supervisor, or outside expert. Suggestions from outsiders are acceptable, but the most successful program emphasizes suggestions from those who are to be the inservice recipients. . . . . Some combination of formal and informal solicitation is probably best, but it should emphasize the views of sources inside the system."[1]

Unfortunately, too much emphasis has been placed on formal course work applicable toward an advanced degree or completion of certification requirements. The incentive has been in monetary form as dictated by the salary schedule. While advanced degrees and complete certification are desirable goals, they do not always meet current needs of personnel; rather they tend to delay other inservice experiences designed for more urgent needs.

If we are serious about providing effective inservice experiences for professional personnel, we must be willing to provide quality leadership, time, and financial support. Few administrators and board members will hesitate to invest in adequate inservice experience if evidence can be produced that such experience is genuinely desired and needs have been well established and fulfilled. What kinds of inservice experience? — that kind which will meet needs! Institutes, staff meetings, curriculum developments, projects, parent conference, formal courses, conferences with supervisors and colleagues, and many other experiences can and should be available. Again, it is important to remember that the product of such experience will be much more satisfying through inquisition rather than through imposition.

Wisconsin provides substantial fiscal support for education of the handicapped, not only through aids to local school districts but also through establishment and support of teacher preparation programs in public colleges and universities. Administrators and board members have the opportunity of providing additional support by encouraging and implementing a worthy program of inservice training for all personnel.

A professional golfer practices various aspects of the game over and over with frequency. Why? Because the pro wants to be a winner! Sacrifice is necessary in terms of time, energy, money, and pleasure in order for a professional skater to be a winner!

An athletic coach plans every practice session very carefully. The weaknesses of each team member are identified and corrective techniques are applied. Every detail is carefully considered. Why? Because the coach wants every team member to learn, to participate, to execute to the very limit of his/her capability. The coach wants each kid to be a winner! The coach wants the team to be a winner!

And so, as we realize that there is so much to discover and learn about educating the handicapped, we recognize that we are in the beginning of an exciting era.

Will our kids be winners? They will if we accept the challenge of total commitment to the task. The opportunity to learn how to serve handicapped children better is awaiting our attention. The children are here awaiting the dividends of our growth. Let's get the job done!

Two Special Education Teachers Retire

Evelyn Hanson, former member of the Bowler school faculty, retired this past spring after teaching 47 years, the last 20 years in special education. She was one of the first special education teachers in Shawano county.

Bertha Straus began her teaching career in 1932 after graduating from what was then Whitewater Normal School. Her career ended this past spring after retiring from teaching special education at the Salem Consolidated Grade School.

The Special Education Director's Role in Inservice Training Programs

By Henry Donatell
Administrator
Manitowoc County Handicapped Children's Education Board

The role of director of special education in Wisconsin has evolved to provide leadership in programs for youngsters with an exceptional educational need (EEN). Therefore, it is necessary to assume that one of the responsibilities of the director is to provide leadership in the area of inservice training programs for all staff members. The term staff is used to denote regular and special educators; instructional aides; food service, maintenance, and secretarial staffs; and bus drivers. In other words, all staff directly or indirectly involved in the educational process of youngsters with an EEN. The importance of this leadership in providing inservice programs cannot be over emphasized. In fact, if this activity were rated on a continuum of from one to ten, it would be placed at nine to ten and is one of the most important responsibilities of the director in the mind of this writer. However, it is relatively easy to neglect this area of responsibility because it is usually difficult to meet the needs of all staff members participating in the programs.

As indicated earlier, inservice programs must be developed for all staff members associating with children with an EEN. However, in recent years, there is an additional responsibility in providing programs for parents of youngsters with an EEN. There is no question that the parent's expectations of the child with an EEN has increased through the mandates of Chapter 115 and P. L. 94-142. Therefore, the school must do a better job in communicating with parents rather than reacting to their demands.

For purposes of definition, inservice training programs are all educational activities developed by all staff and parents which will improve the educational program for the EEN child. This is certainly a broad definition. However, it is appropriate when one looks at the needs and responsibilities for inservice programs.

This paper will address itself primarily to the following areas: planning, types of inservice training programs, and evaluation.

The planning stage for inservice programs is critical in developing change for your staff. The following steps are essential and a paper could be written about each step in the planning stage. Inservice training programs are continuous

but planning should be completed by early spring for the next school year.

1. Evaluation of Present Program by All Staff—The entire staff is surveyed at Riverview School prior to any inservice activity to determine the problem areas. There has been a great deal written on the philosophy of "democratic" administration, and here is an area where it certainly applies since a major obstacle to successful programs has been that staff members may not perceive selected topics as a problem area.

2. Study Outside Influences and Forces—This is the area of mandates (Chapter 115 and P. L. 94-142). What must you do to meet the mandates of the law? The local school district is expected to comply with the law and as director of special education, you should be accountable for compliance with the mandate.

3. Establish Priorities—Review recommendations from staff and the mandate together. Carefully study what the staff has identified and establish priorities. In other words, some problem areas will be solved in less time and with less staff involved than others. Special groups (citizens advisory group) can and should be quite helpful in determining priorities.

4. Put Your Game Plan Together—Specifically identify the problems which will be worked on during the coming school year. A timeline must be established at this time which will enable problems to be realistically solved. Other limitations must be studied while the game plan is put together. One limitation is, of course, financial resources. Hopefully your board of education recognizes that inservice programs are an important instrument whereby change occurs and therefore budgets for this expense. Furthermore, as director of special education, it is anticipated that you have had input in your school districts budget process and have provided sufficient funds for research and development.

The type of inservice program should be determined after the planning stage is complete. The types of programs should offer flexibility in meeting the needs that staff members have identified. The following types are examples used in the Manitowoc County Handicapped Children's Education Program:

1. Summer Curriculum Writing—Since 1971, selected staff members have participated in writing and/or revising curricula in the following areas: arithmetic, reading, science, language arts, social studies, physical education, home economics, industrial education, art, music, sex education, and metric education. Furthermore, program statements have been developed for behavioral disabilities (BD), learning disabilities (LD), and speech and language programs. Staff members work from a period of 1 to 4 weeks during the summer in curriculum writing depending on the length of time needed to complete the project. Resource people have been brought in to work with our staff during this type of inservice program. Supervisors from the Division for Handicapped Children have been utilized as consultants. This type of inservice has been effective in that teachers are not required to handle full-time teaching responsibilities while writing and revising curriculum. The Manitowoc Handicapped Children's Education Board approves the curriculum with implementation in the fall. Also, there is a report to the Manitowoc County Association of Retarded Citizens at the September meeting. Special advisory committee's have been utilized in many areas of curriculum development.

This type of inservice program requires local financial support as the teachers are paid for their efforts and the Manitowoc Handicapped Children's Education Board has recognized that the money spent is a good investment in developing quality programs for youngsters with an EEN. Title VI-B funds have also been utilized in the past to finance this project.

2. Teacher Orientation Week—This time is used for orientation of all staff as to new curriculum that has been developed, revision of curriculum, and/or work on problem areas that may not take as much time to solve. A problem inherent to this method is teachers are usually concerned about readying their instructional area and the new students assigned to them for the coming school year.

3. Built-in Inservice Days in School Year—There are two half-day periods built into the regular school year calendar so time is limited. Revision of new programs and/or presentation by resource people are utilized during these short "shots."

4. Unit Leader - Teacher Meetings—Riverview School is set up on the multiunit concept whereby there is a unit leader in each of the five instructional areas (early childhood, primary, intermediate, junior high, and transitional). There are weekly meetings with the program supervisor, five unit leaders, and two representatives from the supportive services staff.

5. Parent Teacher Conferences—The teaching staff will visit all the homes of each student enrolled in Riverview School in the fall. In the spring, parents will visit school for at least one scheduled meeting to discuss their child's progress. Staff members in instructional areas have scheduled special parents night (early childhood scheduled two evenings this past year with all parents involved).

6. Department of Public Instruction Sponsored Inservice Institutes—Staff members have attended these special study institutes and Riverview School has hosted a few in the past. This type of inservice usually broadens one's perspective and provides an opportunity to share ideas with other special and regular educators in the state. Also, they provide an opportunity to share ideas with parents.

7. Monthly Inservice Meetings for BD/LD Teachers, Speech and Language Clinicians, and School Psychologists—Specific meeting dates are scheduled prior to the opening of the school year with a staff member assigned as the chairperson for the meeting. The responsibility of the chairperson is to identify and prepare materials for the specific area of concern for the staff to discuss. These meetings are scheduled during unassigned time. Supervisors from the Department of Public Instruction have been utilized as consultants for these meetings.

8. Nonteaching Staff—Nonteaching staff are included in regularly scheduled inservice programs when appropriate and specific programs have been developed for staff (bus drivers meet with school personnel prior to the start of the school year and periodically during the school year).

Evaluation of inservice programs, as all educational programs, is essential to improve the quality and provide staff input into future offerings. The evaluation can be a sophisticated instrument or it can be merely a response-type, whereby, participants can indicate strengths and weaknesses of the program. Regardless of the instrument used for evaluation, there must be a follow-up on the evaluation, whereby, participants are informed as to how all the participants reacted to the program. The director of special education should be able to use both the strengths and weaknesses in planning for other inservice programs. Again, you have received the input from the staff affected by the program and if you fail to utilize this information in the future, staff members will be reluctant to provide input when asked the next time around. As such, you have broken the cycle for providing inservice programs in your school district.

In conclusion, sound inservice training programs can be the instrument to develop new programs, refine existing programs and curricula, and meet the mandates for students with an exceptional educational need. All educators must recognize that research and development is essential in providing quality educational services for children, and directors of special education must provide the leadership with all staff participating in the planning, implementation, and evaluation.

Mainstreaming at Crestwood Elementary School

By Mary Lee Peters
Art Teacher
Crestwood Elementary School
Madison, Wisconsin

Mainstreaming has been an established policy long enough that we can begin to evaluate the positive and negative aspects of the program. The degree of integration and effectiveness of mainstreaming depends on at least three factors: the depth of commitment of the school staff to the principle of mainstreaming; the support of the special education resource people; and the severity of exceptionality of the mainstreamed student. Because of these variables, the success of the program has not been consistent from school to school. The most direct and effective way to minimize the variability of the mainstream process is clearly through inservice training of prospective teachers and special education personnel. In addition, an outreach program coordinating the exchange of information among all personnel working with the handicapped child should be formulated. Before suggesting specific program recommendations, it might be of interest to discuss how mainstreaming worked without benefit of a preparatory inservice training. The experience at Crestwood Elementary School, Madison

Metropolitan School District, can be used to illustrate some of the problems and solutions.

At Crestwood, the enrollment is 280 students in grades K-5. There is a special education teacher for students who are educable mentally retarded (EMR) and one for learning disabled (LD). A speech and language therapist, a psychologist, and a social worker assist the staff. The EMR students are in a separate classroom. The LD students are part of regular classrooms and also go to the special education teacher for extra help. Generally, the special education teacher supports the classroom teacher in formulating programs and modifying curriculum. LD students work with the LD teacher who has implemented an innovative program of working with the LD students not only individually but also in larger groups which include students without exceptional needs in regular classroom situations.

The speech and language therapist works individually with students who need her special help. There is no routine procedure for identifying special students to the art, music, or physical education teachers who work with them in their regular class groups. This article will discuss the mainstream experience as it relates particularly to the art program; however, most of the problems are common to all regular teachers working with the EEN students. Because there are two special groups of children, it was necessary to adapt a program to each group.

LD students have been mainstreamed into art classes long before there was a name for the procedure. Because this student must share his/her hour a week with 20 - 25 other students, it is difficult for the art teacher to identify him/her initially and to give particular attention to him/her. There has been neither time nor training for the regular teacher to help identify or diagnose learning problems. Although a teacher is aware that students within a group will normally perform at a variety of achievement levels, it does happen that a child has been told to "pay attention" when really the child is unable to follow directions in sequence. A child may be instructed to "work neatly" when he/she is physically unable to hold a pencil or scissors correctly.

Because there was no formal avenue of communication, an accidental bit of information heard in the faculty lounge often was the first clue that a particular child was exceptional in some way. The author began to focus directly on the problem when the speech and language therapist set up a briefing for the music teacher and the author to give us special techniques needed to aid a hearing impaired child. It was disturbing to realize that the difficulties the child had been having following directions came from the fact that she had been unable to hear or read lips. As a follow-up to this, the speech and language therapist prepared a list identifying the students she worked with and their exceptional needs. Questions to classroom teachers or the LD teacher and questions from them were the only other information gathering methods. Now that this group is aware of the need to share information, there is an active exchange between the teachers in which the special education teacher gives support to all the regular teachers who work with an EEN student. A return of information to the LD teacher is valuable to her also.

The introduction of an EMR class to the school and the mainstream "directive" presented problems in the art program for which several solutions were tried. Because these children were in a separate classroom, their mainstream experience in the art, music, and physical education class was one of their few contacts with other students. Initially they were integrated by two's into regular classes. The art projects were modified to fit their skills as much as possible. Because of immature social and academic skills, the EMR students required a great amount of attention. Since there is so little time to give individual attention in the art classroom to the regular students, both the EMR and regular students had a diluted experience. Occasionally, the added help of a student teacher improved the situation. No regular extra help is allocated.

After 2 years of trying to integrate all the EMR students into regular classes, it was decided to mainstream only those who had the necessary social control to function with the regular students. The students selected by the EMR teacher to join regular classes performed well and were soon accepted by the other students who helped them in tasks that proved difficult. The other EMR students who were not yet self-controlled enough to come to regular classes shared a full art period together. With cooperation of the EMR teacher, an art program was planned to encourage specific skill development needs. In time, some of the students were able to be mainstreamed into regular art class sessions on either a part or full time basis.

Looking back, it seems many of the problems could have been minimized or eliminated if the regular teachers had been better prepared to deal with the mainstreamed EEN student. A local inservice program to facilitate mainstreaming would be of value to all teachers in the school system. Of highest priority would be development of attitudes toward the program that would encourage collaboration between the regular and special education staff. Preservice training for all teachers might include a required course explaining the unique needs of the handicapped student. Important components of the program should include: (1) an initial inservice course that would give an overview of EEN problems; (2) training in specific techniques that could be used by regular teachers when working in the context of large class groupings; (3) establishment of an in-school identification process through which the individual student's problems and needs are identified to all the teachers who work with the student; (4) a system of periodic exchange of progress reports between the regular and special education teachers; (5) all teachers who work with the student should be available for consultation offering a variety of insights during the evaluation process; (6) the art, music, and physical education teachers should use their particular training to help the regular or EEN teacher develop a skill developmental program as a supplement to the regular program.

A specific example of enrichment to be gained by the collaboration of the regular and special teacher for program

development and direct student contact is illustrated by the curriculum guide being developed by the program support person, Madison Metropolitan School District, and the author. This guide is intended to be used as a tool to help regular, art, and special education teachers integrate their skills in programming for the skill developmental needs of individual LD and EMR students. Projects such as this and the increased interest now evidenced in outreach programs seem to represent a philosophical commitment by the administration to the importance of professional growth to insure the successful education of our special education students.

Inservice Involvement

By Virginia Tutje
Unit Leader
Riverview School
Manitowoc, Wisconsin

As the special educator faces ever-changing expectations, new philosophies, and teaching techniques, new state and federal regulations plus an ever-changing population of children with exceptional educational needs (EEN), he/she is increasingly aware of the need for enlightenment and professional growth to keep abreast of the current trends and issues. However, because many teachers do not have the opportunity to return to college for this professional growth, the inservice programs can and should fulfill this need. Beyond this purpose, inservice training can also be a tool to implement change that may be necessary due to changing expectations, legislative action, etc.

However, not all inservice programs teachers have attended have been the epitome of enlightenment; therefore, consideration of the following ideas could serve to assure effective inservices where the benefits are directly observable in meeting the needs of students:

1. Attitude, input, involvement of the special educator.
2. Relevancy of the inservice topic.
3. Types and times when inservices are held.

It matters little how much time or even how much money is available for inservice programs if the attitude prevails that, in general, inservices are a "waste of time." This attitude is of long standing, and if it is prevalent with the participants, indeed the inservices will have little value. This seems a paradox when most educators would not hesitate to say that professional growth is necessary and one's professional growth is not completed with the earning of a diploma but continues to be a life-long process.

Why, then, do inservice programs meet with resistance and lack of enthusiasm? Could it be that too often in the past there has not been the input of the educator (participant) in either identification of needs or program format? Or could it be that though the program content was relevant, the participating educator was not ready for the challenge presented, and for him/her it was not relevant? Could it be that the time allotted for inservice was when a teacher's efficiency level was at "low tide," when their energies had been spent after a full day of teaching? Whatever the reasons, it is time to examine our individual attitudes and perhaps reconsider some inservice practices to assure effective and successful programs that will meet the needs of the participants.

Probably the most common inservice is the one held a few days prior to the opening of school. There are many practical benefits derived from those few days—arrangement of the physical aspects of the classroom, scheduling, planning, and other housekeeping duties. Of special importance for the teacher of exceptional children is the opportunity to begin to know the students' needs by reading their psychologicals, M-team recommendations, and their previous educational programs. Above and beyond this practical aspect, probably the most important benefit that this particular inservice grants is the opportunity to "shift gears," to become psychologically "ready," and to be challenged to provide the best educational program he/she can for his/her students.

A very challenging and in-depth inservice, usually of 3 to 4 weeks in length, is the one involving curriculum writing. The educators who benefit the most from this experience are those who are directly involved in the research and writing. To be granted the opportunity and time to just think and to bounce your ideas, perceptions, and philosophies off others and discuss them provides opportunity for growth. Further, to have time to research what others have done, to determine what the needs in the selected subject area are, to develop a workable philosophy, scope, and sequence for the

subject—all combine to challenge and stimulate the teachers involved. Implementation of the curriculum directly benefits all the teachers in the system and, in turn, the students as it becomes an educational tool used throughout the year.

Probably the most profitable, most frequently needed, and yet often neglected inservice porgrams are those that take place during the academic year. At such times, an opportunity is provided for the teacher and those with whom he/she works to stop and reflect, to take a careful look at the educational program — to really x-ray and evaluate it while it is in progress. Hopefully, the educator will find good things happening, successes and objectives being met. However, he/she may find radical surgery is in order or that some minor adjustments need to be made. This is not to infer that evaluation of the educational program and how it is meeting the exceptional educational needs of the students does not take place. It does! It is an on-going, day-by-day process. However, most of the time this is done under the pressure of writing daily lesson plans, organizing materials for the next class, and other interruptions that occur in the classroom. This does not allow for indepth evaluation and planning that several hours in an inservice session, free from the daily routine, would offer. Whether it be a half-day or just several hours, the actual length of time devoted is not as important as the hour it is held. To be effective, the inservice must be held while the participants are still fresh enough to be actively involved, intellectually and physically. To be held after a full day's teaching would rob this inservice of its optimum value.

In addition to program evaluation, this type of inservice also provides an opportunity for an outside speaker to share his/her insights on a particular problem or concern shared by the participants. The ideal time to receive guidance on existing problems is while they are occuring and while the educational program is in progress.

A more recent innovation for inservice training is the workshops or institutes sponsored by the Department of Public Instruction. An opportunity is given to approach an issue from a global impact, involving parents, educators, the medical profession, supporting services, and representatives from the state department. As a participant in such a workshop, one has the opportunity to become aware of and appreciate the involvement of the various disciplines and agencies engaged in meeting the needs of the exceptional child.

Parent-teacher conferences and home visits are not usually referred to as inservice programming, and yet are of great value to the teacher while he/she is "in service." During these contacts, the teacher not only gains a greater understanding of the student but has the opportunity to use these experiences as tools for outreach to the parent. Not only can the parent become informed as to his/her child's educational program and progeess but also the teacher can help the parent feel a partnership in the educational program of his/her child. The parent's awareness of his/her responsibility in the partnership should result in better home-school relationships and a more effective individual educational program for the child.

Inservice programs, therefore, can and should be effective tools for professional growth and change. Growth will occur if the educator has the opportunity for direct involvement and input into the inservice programming. This input should begin with the identification of felt-needs and problems and permeate throughout the entire inservice. As the teacher becomes critically involved as an active participant, he/she cannot help but become a more sensitive, dedicated teacher and herein the real benefits are found. It will be evident in positive results for and with the students. They deserve our best and anything less is short-changing them.

Inservice — Myth or Hope

By Judith Podoll
Parent

Inservice—"that which allows the regular education teacher to learn all there is to know about my child's handicap. This allows my child to be 'mainstreamed' and to learn as well if not better in the regular classroom than he/she can in the special education classroom." Is this statement myth or hope? It is idealistic, however, it is the belief—the hope of every parent of a child you are now serving under Chapter 115.

How far is the reality of inservice from the myth of inservice? Is inservice the meeting at the beginning of the year when the special education director gets up and lets the general staff know that he/she exists and how they should fill out the form to refer a child to his/her department? Is inservice truly the comprehensive communication between special education staff, general staff, administrators, and parents that is needed to create the least restrictive alternative in

education we are now mandated to have. This concept of mainstreaming will never work in practice until and unless all persons dealing with a handicapped child recognize and accept all of that child's needs. The basis from which we must begin to function for inservice is perhaps a harsh one. It is as difficult for education to admit there are many teachers who cannot function effectively with the handicapped because they have not been taught to do so as it is for the parent to accept their child is truly different from other children. Any regular classroom teacher who graduated from college more than 5 years ago made a very definite choice in the kinds of children that would appear in his/her classroom. Would they teach regular or special education? One made a choice and perhaps took a course or two in the exceptional child but the teachers of that time and many of this time are not taught how to teach those children they are now forced by law to accept. Inservice to enable the teachers to teach the handicapped, particularly on the secondary level of education, is one of the more challenging aspects of the task at hand. We find many educators who have been teaching for years resist or are unable to change their techniques of instruction to meet this new need. The handicapped children are now in these classrooms and are not receiving the education guaranteed to them under the laws.

Especially difficult within the school system are those children who do not appear to be different than other children. It is relatively easy within our own minds to realize that we cannot give the blind child a textbook with an assignment to read the next chapter and write a summary for the next day. It is vastly more complicated for us to realize that the dyslexic child also cannot read that book and the child with eye-hand coordination problems cannot write that summary and the child with auditory perceptual deficits didn't get at all what the assignment was because it was spoken as the bell rang and all the students were moving about preparing to leave the classroom. Since the time of Chapter 115 and the theory of least restrictive alternatives came into being, we as parents hear again and again "this is what you wanted." It is true, we did want it, whatever "it" is. What we wanted and what we are getting for our children are vastly different in meaning and in practice. The teacher who has no idea how to cope with the learning disabled and/or emotionally disturbed children within the classroom is actually creating a more restrictive environment for those children because they are not learning and they are trapped in a world they cannot understand. Inservicing regular classroom teachers is the only hope we as parents now hold for our children. Old ways of functioning within a school need to give way to techniques which allow our children to learn. The teacher who proudly tells a parent he/she never looks at a child's record denies that child many months of appropriate education because that teacher never knows the way in which the child learns. Worse than that, of course, is the fact that untold emotional damage is done to children with educational handicaps when the classroom teacher is ignorant of their problems and does nothing to help them.

The areas of emotional involvement of those children with educational handicaps is often overlooked in inservice programming. Techniques of helping a child to cope with his/her handicaps cost nothing to the taxpayer and really cost little to the teacher in time spent. How much time does it take to write an assignment on the board as well as give auditory direction in order for all children to understand it clearly? What does it cost the teacher to stand directly in front of the child with an auditory deficit when speaking so that child understands. Is it really impossible to use tape recorders for those children who cannot write with enough proficiency to exhibit that which they truly know? The goal of Chapter 115 and P.L. 94-142 is to create an environment in which all children can be educated to their fullest potential. This in turn must be the goal of inservice for teachers. One might also add to that the goal of inservice education for administrators. Any person who deals in any way with those handicapped children within the educational system should not be exempt from inservice education. The needs of educationally handicapped children are often very different from the needs of other children. These needs must be recognized by all within the school.

One of the real problems the school must face in dealing with handicapped children is the area of discipline. As parents we often hear, "you don't want your child treated differently from any other, do you? I treat all children the same in my building." The backlash that is appearing against the theory of least restrictive alternative is more than likely appearing over just such an argument.

Administrators and teachers who are not aware of the special emotional needs of handicapped children are apt to make such statements. That punishment which other children can accept with aplomb and forget about the next day quite often leaves deep emotional scars upon the handicapped. The child who is being punished continually because of his handicap is not being treated like other children. He is different and he knows it. While handicapping conditions should never be used as an excuse for condoning behavior which endangers or harms others, it should be realized within the school that punishment for areas of misbehavior arising because of a handicap only creates further frustration and hatred for the school. We are now seeing children within the school with very little control over their emotions. Punishment without effective therapeutic methods to help the child control his/her emotions is not allowing the child to develop to his/her potential. In reality this type of situation is a one way slide to the nearest institution whether it be for mental illness or a correctional institution. Drop outs at 16 are not child failure they are education's failure to recognize that child's problems and education's failure to do anything about them. Inservice has a great responsibility to help all educators learn about such problems and how to deal with them. There is not one of us who willingly comes to a place each day where no one speaks kindly to us and no one ever praises that which we do. Think, how many children are there in your school that are in exactly that position?

One final area which appears neglected within inservice programs is that real problem, how to deal with parents? The we-they relationship between parent and educator has

created a monster out of what should be a shared experience. Within most school districts, we hear the complaint of how to get parents interested in the school. Parents have long neglected taking an active part in the educational process. We send our children to school and expect the school to take care of the rest. We have paid our taxes, what more do they want? Education is to blame as well, "we are the experts," "we know how to teach your children," "don't tell us what to do, we see that problem all the time," and "we know best." Chapter 115 and P.L. 94-142 have created the tools by which this can now be changed. They are however merely tools for the educator to use. The attitude of a generation or more cannot be changed overnight. In the meantime, the attitude of denying the education to the child because the parent is not interested also denies the intent of the law. The child, not the parent, holds the right of an appropriate education. Parental involvement in the education of their children will only come when the education of the parent is complete. Inservice workshops which include parents in the program is a good first step for both sides to realize those problems both face. Parents actively involved in a school, not only in special education, become those parents who usually present themselves as the real allies to education. Money, tax money, does not come from within the educational community, it comes from the general community. Unless those members of the general community are also aware of the importance of education and exactly what is going on within the community schools, we see a reluctance to finance this educational process. We have had almost a complete removal of school from community. As a result, we have communities completely unaware and uncaring as to the school process. Parents of handicapped children now by law must become involved actively in the education of their children. Inservice must equip educators to deal with this. Too often the involvement of the parent is still limited to the signature on the paper for placement and/or program. Educators must be helped to realize that this is not the intent of the law and that changes need to be made in order to effectively work with parents in order to bring about that cooperation without which we cannot effectively educate children.

We have placed upon our special educators a tremendous burden. Their case loads seem light to the regular classroom teacher. As a result, they are as scorned by regular education as are their students. The friction within a school system creates an atmosphere of impossibility for the education of handicapped children. When we consider that special educators have been given not only the load of teaching the handicapped but also of teaching the educators within their system, one realizes that this is the teaching load that is perhaps the overwhelming one. Again, we must go on with the ideal. There can be only one purpose to education, that being to educate to his/her fullest potential each child who appears at the door each morning. As a parent, one realizes that this is an ideal; just as it is idealistic to expect that all regular education teachers are being taught to teach my child so that he/she will learn and not be hurt emotionally by persons unaware of his/her needs. The laws that have been created are words on paper and mere words are worthless. Inservice is the key that unlocks the ignorance of those educators who have not been taught how to teach the handicapped. So much is presently being done in the name of education that is wrong for the handicapped child. As long as this continues, it will not matter how many laws are created. It will take extensive effort on the part of all educators—teachers and administrators alike—to use the laws as they have been written—in the spirit that all children have the right to an appropriate education. Education has been locked into the age 5-18 bracket and must now break into the new areas of 3-21. In so doing, perhaps it will be easier to realize that as educators, we cannot be simply concerned with the child during the years we see him/her. We are creating our next society and are responsible for it. That which we do now changes or does not change the world for the next generation. Therein lies our true goal. We are holding much hope and putting much responsibility upon education. Inservice for all educators is the only way the tools to educate all children can be given to those who teach our children.

The parents suggestion for inservice is DO IT!!!

Parents Need Inservicing, Too

By Mary Knauf
Parent

Inservice programs for parents can be to school, community, parent, teacher, and administrator relations what Edison was to the light bulb.[1] Bringing parents into the school community thru inservice programs which relate directly to parent needs and dealing with problems which include both the parents of EEN and non-EEN students should be the goals and objectives of inservice 1977-1978-1979 etc. etc.

Meeting the needs of parents and their children should be a cooperative effort with shared responsibility among teachers, parents, school administrators, school social workers, school psychologists, and coordinated community services. Shared responsibility, common goals, and mutual understanding can only be realized thru communication and information.

We cannot assume that these programs will generate response anymore then we can assume that they will not generate response. After 1 year, evaluation of the programs initiated can be made but the conclusions should be based on benefits received and not on numbers in attendance. To those who ask, "Why should we initiate programs for parents with exceptional needs?" many will answer, "Why not?"

Parents of exceptional children do have exceptional needs. Status quo, not with-standing, no one is ever prepared to parent a handicapped child. The realization and helplessness coupled with unanswered, "Why me?" syndrome is an overwhelming shock. Day after day and year after year, school, home, and community services busy themselves in myriad attempts to service and meet the exceptional needs of exceptional children and little consideration is given to the exceptional needs of the parents.

The Wisconsin State Plan integrating Chapter 115 and P.L. 94-142 will expand present inservice programs, initiate new ones, and educators will no doubt consider and discuss the possibilities of hypothetical proposals. Expansion of present inservice programs and introduction of new programs will result in a multifaceted program spanning training sessions from child find, child rights, parents rights, hearings, appeals process, mainstreaming, federal dollars, behavior modification, interaction with regular and special education teachers, recognition of soft signs, surrogate parents, advocacy, early intervention, etc. These programs are all child-oriented. The results of these programs will directly benefit the child and indirectly benefit the parent. However, if all the programs were catalogued and filed, they would span A thru Z except for P—Parents; exceptional needs.

This raises the question—Why not programs directly oriented to the needs of parents? Do we tend to overlook the benefits of such programs because these same parents accepted and coped with all the frustrations experienced while parenting their normal children. Therefore we automatically assume they will also be equally able to cope with not only the multiple problems and exceptional needs of their handicapped children but also with their own exceptional needs as well. Parents-for whatever reasons, guilt feelings, pride, frustration, or combinations thereof-tend to stifle their silent cries for help. Who but parents of handicapped children can possibly understand the frustration, the real or imagined inability to communicate with school people, or the strength required to cope with public attitudes of alternating kindness, pity, or ridicule? That kind of day-to-day stress has a unique way of handicapping these parents until they are sometimes more handicapped than their handicapped children.

Suggestions for Programs

Inservice for parents could begin with a program called "Pride is Progress" — Parents could be oriented to talk more about their childrens' strengths, instead of talking so much about their childrens' weaknesses. Parents should learn to think positive. Negative attitudes, always seeing the handicap before seeing the child as a whole person, defeats the child and encourages a defeatist attitude in the whole family. Pride in progress — even if progress is one step at a time—gives encouragement to the child and a new lease on life and hope to the whole family.

Inservice—"Parents, problems, and solutions"—Parents have a great need to talk about their problems, hopes, frustrations, and fears for the future of their children. They need to hear the successes and failures of other parents. They need to know that loss of patience and guilt feelings are not uncommon. Many parents are so overwhelmed by the needs of their children and their own, they see life as problems without parameters and solutions without reality. Communication and interaction can be stimulated thru inservice get-togethers and while it may not be the total solution, it could be a good beginning.

How about a combined inservice call—Teachers Have Problems Too! Many parents suffer from tunnel vision. They think of their child as if that child is the only one in the classroom. They think of their child as the only one with

[1]Ms. Knauf is also the parent representative on the Council on Exceptional Education.

problems. It is human nature for parents to be concerned only with the problems of their children since those problems constitute the major problem in their lives and so they tend to overlook the obvious—a teacher of exceptional children has a classroom filled with children with multiple problems. Unfortunately, teachers, programs, placements, and progress are all too often measured with the parental ruler in terms of good, better, best, or bad, worse, worst. Parents are often unrealistic in their expectations. Inservice, get-together sessions, parents listening to teachers, would offer an opportunity for parents to understand the multiple problems a special education teacher faces each day. Such a program could and would improve mutual understanding and eliminate erroneous conclusions and conjectures.

A most important program—"Parent Responsibility"—Skills learned in the classroom must be reinforced in the home. Educating the handicapped child is a shared responsibility and learning why sharing responsibility is important to the progress of the child in the classroom would be the thrust of this program. Understanding that importance may change the attitude of some parents and eliminate excuses made by other parents. Teachers, Level A directors, social workers, and psychologists would have an opportunity to talk about and explain values, skills, concepts, motor control, regression, limited potential, and attention span. They could learn how regression and attention span plus limited potential affects the learning process and progress of each individual child. Parents could learn the importance of teaching simple self-care skills in the home, and why teaching these skills releases the classroom teacher for teaching values, concepts etc. Parents would understand that a word, skill, or concept learned today and remembered for a week will not always be a skill, word, or concept retained. Most important, such an inservice could show that the onus of responsibility for the education of the child is not the sole responsibility of the teacher and the school.

An Inservice for parents, administrators, and board members—"Understanding One Another"—Some district administrators, board members, and building principals are often so far removed from the programs, problems, and exceptional needs of both parents and children that the comparison is somewhat akin to the king and the peasant.

No one faults delegation of responsibility since it is necessary to the continuity and operation of every school system and no one expects district administrators, board members, or building principals to be all things to all students and their parents. However, these people would do well to become more aware of the consequences knowing the last stop for the buck is superintendent and board. If they and the parents could meet in group session and if administrative personnel could hear the agony experienced by parents, they would also understand the ecstasy parents feel when a child finally ties one shoelace. Being so far removed from the problems and needs, can they possibly comprehend the scope of their responsibilities or the consequences of benign neglect when they are shocked into reality because of hearings, appeals, or court suits.

Parents, too, make unreasonable excessive demand and the catalyst that generates anger at all levels so that it dominoes from superintendent to the aide in the classroom. An angry superintendent and an angry parent both suffer from the same malady—frustration. Inservice sessions, instead of generating anger could generate faith and trust and show both sides the importance of listening and learning to disagree without being disagreeable.

Some thought should be given to inservice for regular education teachers titled, "Understanding the Difference." From day one in the kindergarten, regular education teachers should orient children to understand that while handicapped children are different, they are not immune to ridicule, laughter, or "let's not play with that kid" syndrome. Parents suffer because of the ridicule suffered by their children. What better way to attempt to stamp out or at least lessen the ridicule directed toward handicapped children and people than to program the teachers who in turn will program the children in all the regular education classrooms.

In the opinion of this writer, the contained classroom in most public school systems is not the answer for serving profoundly multihandicapped children. Most public school systems could not provide adequate nursing care services, personnel, or the facilities to offer appropriately structured individualized programs for these children. The parents of these children need specialized inservice programs to help them cope and some alternative placement other than the public school system. Many mentally handicapped children will reach their limited potential and attain some degree of handicapability if school and parents will recognize progress means sharing responsibilities and working cooperatively for the good of their chilldren as well as their own well being. Together, through inservice for parents and understanding parents' exceptional needs, we shall succeed in helping the handicapped become "handicapable."

Federal Programs Impact—

Nondiscrimination — Section 504

John H. Stadtmueller
Chief, Federal Programs Section
Administrator, Title VI, EHA

Depending on your point of view, Section 504 of the Rehabilitation Act of 1973 is one of the more dynamic forces which has an influence on the field of education, and more specifically, special education. Section 504 is a very complex piece of legislation, which calls for the removal of any element of discrimination against handicapped persons. In its widest scope, it would apply to all of society but the full implication of that range of endeavor will not be seen for several years. However, implementation has begun through the Department of Health, Education, and Welfare. It is important to note the impact and ramifications of Section 504 as it addresses the issue of discrimination in the field of education.

In a very simple format, Section 504 has three major areas of impact with respect to education:

1. In the matter of *employment of handicapped persons,* it should be noted that no discrimination can exist in the employment practices of handicapped persons in the field of education. This is particularly true when employment is considered for an open teaching spot and all the candidates are equally well qualified with one being handicapped. The school district administrator might be obligated to hire the handicapped person even at the expense of having to employ a teacher aide to help the handicapped person fulfill all the duties or job requirements. Further, Section 504 does not allow employing school districts to discriminate in reviewing candidates with respect to background information on candidates. As such, there can be no discrimination against alcoholics, drug addicts, and it is not possible to have a preemployment physical to be used as a guide for the employing superintendent. However, it is possible to require a physical examination once the person is employed.
2. In matters of *building facility arrangements,* it should be noted that it is no longer possible to place handicapped persons at a disadvantage with respect to the structure of school buildings. Examples of such would be appropriate toilet facilities, ground level entries to buildings, the height of water fountains, the height and location of bulletin boards, and arrangements for school lockers being just a few of the obvious considerations. When districts are faced with the school building having an old part with several floors and no elevator arrangements, the more complex problems rise to the surface. Under Section 504, there is a requirement that if there are minor corrections to making the building more accessible for handicapped persons, particularly children, such corrections must be made within 60 days of June 3, 1977. If, however, there is need for major renovation in a building to make it accessible for handicapped students, the school district must develop a remediation plan within 180 days from June 3, 1977, which would outline specifically how the facilities will be changed to accommodate handicapped persons. In turn, if major renovation is required, then this must be completed within a 3-year period of June 3, 1977.
3. Perhaps the most critical area with respect to special education is that of *programming for exceptional children.* Section 504 indicates that there can be no discrimination in programming efforts. Consequently, all the elements related to P.L. 94-142 and Chapter 115 must be in place. This would include such elements as appropriate type programs, least restrictive alternative placements, development and fulfillment of individual educational programs (IEP), and any other programming arrangements that are necessary to bring about a full-service concept for handicapped children. This is such a critical issue that in order to fulfill all requirements and not discriminate against handicapped children, it is conceivably possible that a school district would have to, in fact, "discriminate" and offer more effort than they would for a normal child. Section 504 is very unique in that it is, in essence, a civil rights bill and serves as a reinforcement procedure behind P.L. 94-142 when there are matters of grave concern. In grave situations, the mediating and facilitating agent becomes the Office of Civil Rights which rarely loses a court decision in matters related to civil action for students.

All the above is further complicated by the fact that we, as educators, often are involved in elements of discrimination on somewhat of a subconscious level. It goes without saying

that educators in Wisconsin would not intentionally discriminate against a handicapped child, but oftentimes our day-to-day procedures contain elements that, in fact, are discriminatory in nature. For example:

1. In our *screening process* there is an extreme lack of knowledge about information on children with exceptional educational needs (EEN). The general referral process in this situation could discriminate against a child when a referral is not made because a teacher might not know the signposts which suggest a handicapping condition.

2. One of the critical issues in Section 504 and P.L. 94-142 is that of districts discriminating against handicapped children when it does not have *an active child find project.* All too often, school districts take the attitude that kindergarten screening will point out handicapped children. However, it is most important that handicapped children be known at a very young age so that early education and training can overcome some of the difficulties. Without a child find project, there is no organized procedure for bringing about early education programs or bringing about information as to procedures for becoming involved in appropriate, community-wide programming arrangements at an early age.

3. Once referrals have been made to the school district, oftentimes *one person is given the responsibility of reviewing the case and establishing the membership of the M-Team* whose task is to provide an assessment on the child in question. If a single person is left with the responsibility of deciding the make-up of the M-team, it is conceivably possible that predetermined judgments will limit the scope of the M-team membership or will result in inappropriate type membership on the M-team.

4. In matters related to the M-team, there are some very subtle elements of discrimination that take place, particularly as it pertains to the *qualifications and expertise of the members of the M-team.* If, for example, a child with a suspected EEN is referred to the M-team and there is no recognition of the suspected disability on the part of the M-team membership, it can be seen that the resulting M-team report might not reflect the total needs of the handicapped child in question. This would be merely an example of one of the possible shortcomings or elements of discrimination in the make-up of the M-team.

5. In very few districts, there is subtle implication that the *M-team should not make recommendations for programs or related and supportive services that are not readily available in the resident school districts.* This is an element of discrimination, because the child is not given the opportunity to be involved in the full service component. Further, the procedures for headcount specifically indicate that the IEP must be fully implemented by October 1, 1977, and the lack of available resources should not be a deterent to providing full services to the child. Consequently, the matter of attitudes of school districts in general and the availability of resources within resident school districts are, in fact, elements of discrimination.

6. Hopefully, all school districts have access to persons with a thorough working knowledge of special education. When the M-team recommends placement considerations, the person responsible for making such placement will provide the best arrangements possible for the child and will facilitate other programming requirements if same are not available in the local school district. In some states, the concept of all assessment (M-team members) persons being given the authority for making placement of handicapped children in a program is not possible. From the standpoint of discrimination, it can be seen that the *wrong person making judgments for placement* could be considered as a discriminatory factor.

7. *The quality of instructional staff* may or may not be a discriminatory factor, but with a little imagination it can be seen that poorly trained staff will provide a limited level of education for handicapped children. Consequently, in order to offset the elements of discrimination, school districts should be providing constant in-service training as well as being very selective in their hiring practices for teachers who will be working with handicapped children.

8. The placement of children in programs may be a source of discrimination if facilities are limited, if the regular staff is inflexible, or if programs to meet the needs of a particular child are located a far distance from the child's home. In the concept of the least restrictive alternative placement, it is important that handicapped children be placed in programs which are as close to home as possible and designed to meet their needs. Such programs must allow for handicapped children to be educated with their peer group in as many ways as possible.

9. As part of the IEP, it is important to note that *the opportunity for appropriate supportive and related services* may be a source of discrimination. If, for example, a school district has merely the basic elements of academics with little or no possibilities for related services, there is a very definite possibility that discrimination may exist through the lack of appropriate services of a related or supportive nature. In a similar manner, if a school district had a basic type of academic offering at one level but lacked the facilities for total programming at many levels, this too might be considered a discriminatory factor.

10. Somewhat closely related to education is the matter of *what is offered to handicapped children outside the school setting.* For example, a handicapped child who does not have the possibility for community-sponsored recreation programs or community-sponsored activities may be at somewhat of a disadvantage over his/

her peers for which such programs are designed. In short, what might be lacking in the child's total life could be a discriminatory factor with respect to possibilities for successful programming in the school setting.

The above are just some of the areas where discrimination may take place at a conscious or subconscious level.

If one examines the full intent of Section 504, it can be seen that the range of possibilities for discrimination is great.

School districts would seem to have the responsibility of examining the entire program make-up so as to make concerted efforts to reduce areas of discrimination which, in turn, will bring about better programming arrangements for EEN children in the district.

EEN Programming—Fringe Benefits to Regular Education

By Arthur J. Baranowski
Director of Special Education
Ozaukee County Handicapped Childrens Education Board

Although Chapter 115 and P.L. 94-142 deal with services for children with exceptional educational needs (EEN), it is often overlooked that regular education also benefits from these mandates and their guidelines.

First of all, in the initial step of referral, the regular teacher as the referent focuses on the needs of the individual child by calling attention to specific behaviors, learning problems, peer relationships, and over-all functioning. Regular teachers discussions with the principal and others involved in the referral process provide more opportunities for all of the staff to center on the individual needs/problems of the child. Regular teachers then, as contributing/participating members of the M-team/evaluation process, gain the experience of becoming a part of an organized, highly developed diagnostic process. And, since in some instances, the training of regular teachers does not include diagnostic procedure/technique to a great extent, these experiences provide "in-service" training at its best.

Further, since many of the children with exceptional needs are mainstreamed, the regular teacher again gains from the consultancy provided by the special education teacher and others, whose training and experience in methodology, developmental and remedial approaches are, in most cases, helpful not only to the child with exceptional educational needs but to the other students in the regular classroom. Again, a learning situation for the regular teacher.

The building principal, who in the past had been unduly berated as not becoming a part of the individualized instructional process because of administrative responsibilities, also becomes a valuable contributing and more-learned administrator.

The above stated experiences have led many regular teachers and administrators to enroll in exceptional education courses offered by special education training institutions, thus enriching their understanding of exceptional needs, and more important, providing for these needs, and the needs of "normal" children.

Inservice training for regular staff being conducted by the special education staff is a direct contributor to improvement of instruction in the regular classroom, again, because of the focus on individual needs.

Although not considered as that much of a fringe benefit to regular education, EEN programming does serve children, who in some cases were quite disruptive in the regular classroom activities thus less time and direction to the regular children.

The early childhood programs provide for early identification and intervention. Thus many learning/ developmental/behavior problems are remedied before regular school age enrollment.

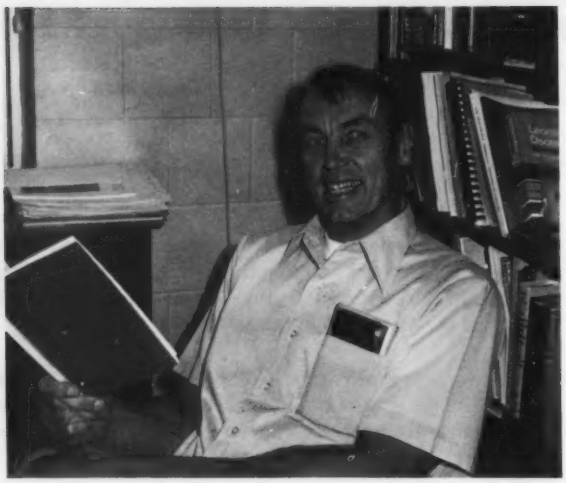
The necessity of direct involvement by the parents of children with exceptional educational needs has made the parents more knowledgeable in child development and overall educational philosophies thus becoming more supportive of regular education. By this involvement, what they have learned has led them to deal more effectively with their other children thus a profit to regular education.

One more decade of all of the above and some EEN programs will not be necessary because regular education will be able to appropriately serve the needs of more children. Why? Because more professionals and parents will be attuned to individual needs.

Many other fringe benefits to regular education derived from EEN programming could be enumerated.

PROFILE

Paul Lauritzen



Paul must be the original "man on the move." Whether your reference is to his active schedule and many commitments or simply trying to find him to answer the phone, Paul is a difficult person to keep up to. Although the University of Wisconsin-Whitewater, Department of Special Education once consisted of just Paul, today it ranks as one of the largest in the state. Since joining the university in 1964, Paul has attracted a team of 13 capable full-time faculty members, and together they have developed a program which enjoys an enviable reputation for the quality of its graduates.

Prior to joining the Whitewater faculty, Paul hailed from the state of Illinois where he earned both his bachelor's and master's degrees. While completing a 2-year hitch in the Army, he married his wife, Lois, whom he met through their common interest in tennis. After several teaching experiences and working as a school guidance counselor, Paul completed his Ph.D. at the State University of Iowa and thereafter moved to Whitewater, Wisconsin.

Dr. Lauritzen has made a number of significant professional contributions. He served on the first Wisconsin Special Education Advisory Council to the State Superintendent of Public Instruction in 1969. He has been on the executive board of the State Council for Exceptional Children. Paul was also president of the Wisconsin Association for Children with Behavior Disorders. Through his efforts, an active student directed chapter of the Student Council for Exceptional Children was established on the Whitewater campus. Paul is currently a member of the Walworth County Developmental Disabilities Board and the Walworth County Comprehensive Mental Health Board. He has served as a consultant to the Bureau for Education of the Handicapped and been a field reader for a variety of federal and state grant programs. Paul is active in several professional organizations and has conducted a variety of inservice training sessions for professionals in the field.

In spite of a busy work schedule, Paul manages to pursue a variety of outside interests that range from organizing bike hikes to benefit the mentally retarded to pressing apple cider in antique hand presses which he himself has restored. He is a fierce competitor in everything he does and nowhere is that more apparent than in his involvement in tennis, basketball, and biking. He has encouraged and actively supported the interests of his three children (Lisa, Jeff, and Karen) which include horsemanship, track, basketball, and cross country skiing. Wine making has also occupied his spare time over the last 10 years and Paul is rapidly acquiring the status of a connoisseur in this area. His country acreage has the appearance of a well tended park thanks to Paul's boundless energy. It has provided a comforting retreat and pleasant picnicing spot for many faculty and student groups. A profile of Paul Lauritzen would be incomplete if we did not consider Paul, the enigma.

People who have known him for years agree that they are not certain if they really do "know the man." It is not uncommon to hear them remark that they can't "read" Paul. They find he is a contradiction of seriousness and perpetual teasing, openness with a lack of communication, sensitivity and brusqueness, gentleness and strength, a whirlwind under control, who is an instant friend and a total stranger.

He is Paul Lauritzen — leader, colleague, supporter, and confessor — a respected and trusted friend.

There are times when it is very difficult to figure out just what is happening in that blond head and what thoughts are going on behind the blue eyes. In 1966, my husband Burt became the second member of the special education faculty. We had been in Whitewater for 2 years when we bought an old brick house in the country. During that time, I had never really known whether Paul approved of me or, for that matter, even liked me. But our newly-purchased, old home helped crack the secret of Paul Lauritzen and his keen perception and genuine affection for his friends. The old house was in such a state of neglect and disrepair that there is just no way to describe how bad it really was. I had managed to force my way through the mess called the kitchen, but one look at the bathroom and all I could do was turn away before I lost my stomach. Without a word, Paul entered the room, removed the rotten linoleum and took the commode outdoors when, after a considerable amount of elbow grease, he returned it to a semblance of its original luster.

That was it! You really can't ask much more of a friend, can you?

Carlene Rodee
Honorary Special Education Faculty Member

Being physically active has always been one of Paul's primary characteristics. The reality of this commitment to physical fitness was underscored for me in a dramatic way one midsummer afternoon in 1971. I had volunteered to help Paul drive a sandpoint well on a 15-acre wooded hill he had recently purchased. We were pounding in 10-foot sections of 3-inch casing pipe by hand with a fencepost driver that had extra weights built into it. Needless-to-say, it took a lot of pounding to push the pipe even a little way into the earth. As Paul sensed that I was reaching the limits of my strength, he suggested we take a break, which I (with a silent prayer of thanks) readily agreed seemed to be quite appropriate. Without hesitation, Paul picked up an axe, handed me another and said, "Let's just cut down this dead oak while we're resting." It seems like it's been that way ever since.

Hans Hahn
Professor
Department of Special Education

It isn't very often a secretary is given the opportunity to pay tribute to her "boss" (except, perhaps at retirement) and therefore I grasped at this opportunity to do so. . .it may never come again!

The 10 years I have been departmental secretary to the University of Wisconsin-Whitewater's Special Education Department have been the most enjoyable and rewarding of my career. This fact is, in no small measure, attributable to Paul's role as chairman of the department. His stability, farsightedness, and ability to relate to all people has been a key factor in the development of our Special Education Department into a cohesive, multitalented professional unit, not just a "department," but more like a "family"—able to accept each other on our merits, not always agreeing, but always able to compromise.

Paul has provided me a great deal of latitude in the functional management of the department yet always provides guidance and support when needed. I have a great deal of respect and affection for Paul and consider myself fortunate indeed to have such a thoughtful, conscientious, and understanding "boss" and friend. I hope I have the privilege of working with and for him for many years to come.

Florence Kopas
Secretary
Department of Special Education

Staff Changes Within the DHC

Victor J. Contrucci has been named assistant superintendent and administrator of the Division for Handicapped Children (DHC). Contrucci succeeds Philip R. Jones who resigned to accept an appointment as professor of special education and school administration at Virginia Polytechnic Institute. Contrucci joined the Department of Public Instruction (DPI) in 1961 and most recently had been program director of services for the developmentally disabled. Previously, he had served in several areas of education for mentally retarded and emotionally disturbed children. He also worked in special education for 7 years in Wisconsin's public schools including Kenosha, Milwaukee, and West Bend. He graduated from Milwaukee State Teachers College in 1954 with a B.S. degree in education of the mentally retarded and holds an M.S. degree from the University of Wisconsin in exceptional education.

Jim Despins was recently appointed to the newly created position of program auditor for exceptional educational needs programs. Despins has served with the Division for Handicapped Children as a supervisor of the mentally retarded for the past 12 years. Before coming to DPI, he taught in Green Bay, Appleton, and Oak Creek. He has teaching experience in regular elementary grades as well as in the area of the mentally retarded. He currently holds licenses in the areas of elementary and mentally retarded teaching, school psychology and as a Level A director of special education. He earned the B.A. in elementary and special education at the University of Wisconsin-Milwaukee, an M.A. in guidance and counseling at Northern Michigan University, and has attended Marquette University, University of Wisconsin-Oshkosh and Madison.

Dr. William Ernst has recently assumed new responsibilities for the Division for Handicapped Children. Besides the general editorship of the *Bureau Memorandum,* he will provide the initial monitoring for ongoing Title IV-C projects and assist applicants in developing new Title IV-C projects for the handicapped. He will also aid in refining, implementing, and communicating the joint agreement between the Department of Health and Social Services and the Department of Public Instruction.

Since 1960 Dr. Ernst has served the DPI; first as curriculum coordinator from 1960-1975 and then as director of the Great Lakes Area Resource Center. He has also chaired the Editoral Advisory Board, edited curricular publications, wrote projects, and headed a 6-state project for the gifted and talented.

Kenneth McMahon, was recently assigned to the position of supervisor for the mentally retarded in the DHC. McMahon joined the Department of Public Instruction, Division for Handicapped Children in 1968. At that time, he was charged with the responsibility of developing the Special Education Instructional Materials Center (SEIMC) network and editor of the *Bureau Memorandum.* Before joining the Division for Handicapped Children, he had extensive teaching experience with all levels of educable mentally retarded students. He received his B.A. and M.A. from the University of Illinois and has continued his academic work at North-

western University and the University of Wisconsin-Madison. In addition to his new supervisory duties, he will continue as the contact person for the SEIMCs.

Irwin Probstein has assumed the position of school-age mother and homebound instruction supervisor in the Division for Handicapped Children. Previously, Mr. Probstein was a social worker with the Bureau for Crippled Children responsible for developing interagency activities and programs relating to children with handicapping conditions. Prior to joining the Department of Public Instruction in 1972, Mr. Probstein was chief social worker at Central Wisconsin Center and later was the administrator for the day care program for the mentally handicapped in the Department of Health and Social Services.

Now serving as acting supervisor of the physically handicapped/mentally handicapped programs, **Betty Ross-Thomson** joined the Department of Public Instruction, Division for Handicapped Children in 1975. She served as program coordinator of the Great Lakes Area Regional Resource Center, providing technical assistance to the state departments of Indiana, Michigan, Minnesota, and Wisconsin. Prior to joining DHC, Mrs. Ross-Thomson assisted in the establishment and served as field director of the Wisconsin Regional Special Education Instructional Materials Center (SEIMC), the prototype of the national network of SEIMCs. She also helped develop and presented inservices to vocational educators in the vocational, technical, and adult education districts which raised their awareness of the vocational needs of students with handicapping conditions. Earlier Mrs. Ross-Thomson established a developmental program for very young multiply handicapped/trainable mentally retarded children which became the prototype of the trainable mentally retarded programs for her home state of Mississippi. She received her bachelor's and master's degrees from the University of Southern Mississippi and her Ph.D from the University of Wisconsin-Madison. She has a background in special education, early childhood education, educational administration, curriculum and instruction, teacher preparation, and home economics. In addition to her supervisory duties, Mrs. Ross-Thomson is the president-elect of the Division on Career Development of the Council for Exceptional Children.

Susan Smith has assumed the position of social work supervisor for the Bureau for Crippled Children within the Division for Handicapped Children (DHC). Previously Mrs. Smith worked as the school-age mother supervisor for the Bureau for Exceptional Children within the DHC. She has also worked in many areas of health care and social work services.

Thomas Stockton has been appointed to the position of program administrator, Developmental, Behavioral and Learning Impaired Section within the DHC. Mr. Stockton joined the Department of Public Instruction, Division for Handicapped Children in 1970 as a project consultant and coordinator for statewide curriculum development projects for the mentally retarded. Since 1974, he has been employed as a special education supervisor for mental retardation. Before joining the DHC, his teaching experience included both special education programs for the mentally retarded and regular education in Wisconsin school districts. He received his bachelor's and master's degrees from the University of Wisconsin-Madison and has completed additional coursework in both special education and educational administration, with licensure as a Level A director of special education.

Legal Opinion Regarding Section 115.86 (6) (a) (b): Limitations on CHCEB Authority to Contract Services

Queries have been received from the field related to the interpretation of section 115.86 (6) (a) and (b) of Chapter 29, Laws of 1977, relating to the authority of the county handicapped children's education board (CHCEB) to assign by resolution or contract administrative or instructional services to another agency, e.g., a cooperative educational service agency (CESA).

Section 115.86 (6), Wis. Stats., now reads as follows:

(a) The board may not assign by resolution or by contract the full administrative or instructional services of the board.

(b) The ability of the board to contract with the board of control of a CESA, a board of a school district, or other public agency in the county for a portion of administrative or instructional services or for any of the purposes enumerated in section 115.83 is not prohibited by par. (a). The board shall be responsible for all programs contracted under this paragraph.

Department legal counsel has issued the following interpretation on September 13, 1977. This repeal of section 115.86 (6) and recreation of section 115.86 (6) (a) (b), Wis. Stats., emanated from the Eagleton Study and is a direct response to a specific recommendation in that report.

Basically, the statutory language prohibits a CHCEB from assigning or contracting away the *full* administrative *or* instructional services of the CHCEB. A portion of the administrative *or* instructional services may be assigned by resolution or by contract but not the full services of either administration or instruction.

In summary, contracting away either or both full administrative or full instructional services is now forbidden by this statute.

For further legal assistance in the interpretation of this statute, please contact the Department's Legal Counsel, Max Ashwill or Assistant Legal Counsel, Mary Brooks Fraser (September 27, 1977).

Questions Frequently Asked in Relation to the Least Restrictive Alternative Placement: A Legal Opinion

1. We have had in the past year several teachers that have questioned our right to give them a handicapped child and in these cases specifically the child was physically handicapped and did have to be helped from his/her seat to the bus, bathroom, etc. The statement we always seem to get from the teacher that does not enjoy doing this is a bad back. What recourse do we have when we get this statement from a teacher?

2. We hear from teachers that "Why can't the child go to another class rather than mine?" Can you state some law or some statement that we can give these teachers?

3. Are we within our rights to ask a janitor to help in the loading and unloading of handicapped youngsters?

4. What about the bus driver? May he/she be asked to help or aid a child in any way?

5. I have been led to believe that an outside agency such as health care personnel cannot observe a child in the classroom since it is infringing upon the privacy of the other students within that classroom. I do not agree with this interpretation and feel that if a parent has given approval to have their child observed, that it can be done within the classroom. Please clarify this for me.

. . . Quite frankly, the questions you posed in your letter involve labor contract negotiations with your employees. This is an area the Department of Public Instruction is not involved in and attempts to steer clear of for obvious reasons. These questions would be more appropriately answerd by your district's retained counsel or whomever represents the district in contract negotiaons. I will attempt, however, to provide you with some general information along this line.

First of all, the school board has the responsibility under Section 504 of the Rehabilitation Act of 1973, P.L. 94-142, and Chapter 115 of placing handicapped children in the least restrictive environment. This is commonly referred to as mainstreaming. Handicapped children are assigned to classrooms in the same manner and by the same legal authority that nonhandicapped children are assigned. This is an area clearly covered by the management rights clause in your teaching contracts. You should note, however, that PI 11.29 provides for the use of teacher aides in certain circumstances in which a classroom teacher or school bus driver, for instance, needs assistance in dealing with the handicapped youngster in the regular classroom or on the bus. A teacher could quite reasonably feel that he/she was put in a very unfair legal situation if they were expected to both physically assist the handicapped youngster and maintain order and control over the classroom at the same time. It should also be pointed out that if one of the other students was hurt while a teacher was assisting a handicapped youngster, both the teacher and the school district would be legally liable for damages. If the teacher was assisting a child in the bathroom and meanwhile another child was injured in the classroom it is likely the district would be found responsible for creating a situation in which the teacher could not possibly fulfill all of his/her duties.

As to a claim that a teacher has a bad back, you are entitled to a doctor's certificate to that effect, but *only* if you require medical certification of other physical disabilities. Once again, however, requiring a teacher to perform physical acts of this nature could subject your district to a worker's compensation claim if the teacher was injured. In addition, I believe a teacher could validly claim under many circumstances that these physical acts were not reasonably included among the regular classroom teacher's functions. The consequences would be either or both a demand for increased salary or a grievance that you had unfairly (and unilaterally) altered the teacher's working conditions.

If your janitors and bus drivers are covered by contracts, the same results would occur. If they are not, I see no reason why they could not be expected to assist these youngsters. Of course, the worker's compensation liability factor is a matter outside employment contracts and would apply to all employes required to assist these children. In addition, I believe certain provisions of the Motor Vehicle Code and Department of Transportation rules might limit responsibility of a school bus driver towards these children while he is physically driving the vehicle, and it could conceivably result in the sort of liability situation discussed above.

To summarize, the questions you posed in the letter are matters involving labor relations and negligence law and do not fall within the Department of Public Instruction's areas of responsibility. I cannot urge you too strongly to obtain local legal counsel to aid you in these matters, particularly if you already face problems along these lines.

As to the question you posed in your last letter, I am not aware of any legal basis for a claim that classroom observations by outside agencies are an invasion of privacy in regard to the other students. There is no general right of privacy in this state, and besides, schools are public places. Student records, however, are another matter and are available to nonschool personnel only as provided for in section 118.125. Legislation currently pending in the Assembly could conceivably create some right of privacy that might apply to public school students. As it stands, however, schools are public places and are accessible to the public and various state and local agency representatives.

Mary Brooks Fraser
Assistant Legal Counsel
Department of Public Instruction
September 27, 1977

HAVE YOU EXAMINED?

The following listing of books and instructional materials does not indicate endorsement of any materials or publishers by the Division for Handicapped Children. It is only a means of bringing to your attention recent or helpful materials. *All requests for further information should be made directly to the listed source of publisher and not to the Division for Handicapped Children.*

One One One, Have Some Fun. Bryna Donaldson. 1906 Cameron Drive #1, Madison, Wisconsin 53711. $1.50.

This book is designed to help special education students learn the piano keyboard. The method can be used by a class or individual since keyboards are included on every page. Only one instrument for group instruction is necessary. *One One One* features instructions and simplified notation. Piano, organ, or toy instruments can be used for this method.

Developmental Needs Assessment and Manual Level I. Hallett Associates, 417 Mineau Parkway, Madison, Wisconsin 53711. $15.00 per packet.

This packet of materials is used to identify present and emerging skills of children. It was developed using a variety of resources. This data based program is designed for use by professionals and paraprofessional staff. It provides a data base for development of individual educational programs (IEP). The identification of emerging skills provides staff with the information needed for facilitating more complete development of these skills. This package includes: 15 answer sheets, 15 master goal sheets, 30 priority goal sheets, and 60 side slips.

Your Money's Worth. DEF Media Corporation, Dept. RM, 201A North Boston Avenue, N. Massapequa, New York 11758. $80.00 per set.

The filmstrip cassette consumer education series provides the special education student with the guidance needed in our complex world of business. Reaching the young people at a time in their lives when they are beginning to establish life-long habits of buying is critical. The individual titles are: (1) When You Buy Your Car, (2) You Care For Your Car, (3) An Inexpensive, Nutritious Dinner, (4) At The Supermarket, and (5) Don't Throw Out That Table-Refinish It.

Teacher Idea Exchange: A Potpourri of Helpful Hints. The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091. $5.00 per package.

This package brings together a regular feature of *Teaching Exceptional Children* magazine. Over 100 classroom ideas are printed on individual file cards and indexed by the topic area that best describes the content in terms of curriculum, skill, material, and disability. The ideas presented have been classroom tested and field reviewed. Activities presented in this type of format have proven especially useful for individualizing learning activities.

Instructional Materials for the Handicapped: Birth Through Early Childhood. A. R. Thorum, Olympus Publishing Co., Salt Lake City, Utah. $7.50.

In its effort to stimulate and develop early childhood programs, the Bureau of Education for the Handicapped (BEH) identified several needs and requirements. Because toys, games, and other materials have historically been a major component of early childhood education, BEH has compiled a list of materials available with descriptions. There was no evaluation of the materials included because of field testing and extensive data collection this would have required. The book is divided into sections on toys and games, instructional kits, and activity guides. Each chapter outlines some criteria for the selection of specific materials; the safety and maintenance of toys; and the cost, developmental skill areas, subject areas, format, and components of instructional kits.

Pacemaker Vocational Readers. Fearon Publishers, Inc., 6 Davis Drive, Belmont, California 94002. $96.00 per set (five copies each of ten books, plus two teachers guides).

This set is designed for junior high and high school students with severe reading disabilities. It provides access to learning about career opportunities that require little or no reading skill. The ten jobs examined in the series are all ones that special need students have demonstrated they can succeed in. The jobs listed in the book are: (1) Auto Mechanic's Helper, (2) Waitress, (3) Short Order Cook, (4) Gardener, (5) Supermarket Stock Clerk, (6) Duplicating Room Worker, (7) Sewing Machine Operator, (8) Porter/Janitor, (9) Day Care Center Aide, and (10) Baker's Helper.

Epie Career Education SET (Selection and Evaluation Tools). Epie Institute, 463 West Street, New York, New York 10014. Two volumes - $31.00.

The two-volume *Career Education SET* is designed to provide educators with necessary information to select and evaluate career education materials. More than a listing of available materials, these volumes can help teachers and administrators determine materials that fit their particular requirements for career education programs. Volume I encourages teachers to measure the depth of material's career education concepts in terms of objectives and teacher/learner activities. Volume II is a guide to the selected materials. The volume includes title, author, publisher, copyright date, components, price, and target audience. Materials are arranged by grade level within the media categories.

Action Guide Brochures. Hallett Associates, 417 Mineau Parkway, Madison, Wisconsin 53711. $.20 each bulk, 50 or more $.10 each.

These brochures provide information for use by parents in simple, clearly stated terminology. A few titles of these are: Self-Dressing, Self-Feeding, Self-Toileting, Safety, Sanitation, Nutrition, Dental Disease Control, and Community Services.

Suffer the Little Children

Horace K. Tenney III, M.D.
Director, Bureau for Crippled Children
Division for Handicapped Children

In the following discussion, I wish to bring up some of the needs of normal children as they mature and some of the difficulties faced by children with handicaps. I also wish to discuss methods by which we as adults, individually and collectively, working alone or in support of programs can regulate the environment of children to produce the optimal outcome.

I find it very difficult to write about children and their importance to all of us without filling the paper with trite expressions and cliches. "The future of our country lies with our children;" "the children of today are the leaders of tomorrow;" "as the twig is bent . . . . . ." and on. The trouble is that is exactly the message I wish to convey. Children are our most important commodity and they must be nurtured. They should be given every opportunity to develop into responsible adults and if they are born with handicaps, they need all the more assistance to complete their development. We must not let them suffer but preserve their body and soul.

All children in their developmental process require certain inputs or experiences to allow them to attain adult status within the very broad category of normal patterns. A simple example of this is a child who is born deaf and who does not hear speech as an infant. Since the development of this skill is by imitation, if he/she does not hear, he/she will not learn to talk unless special methods are used to compensate for his/her lack.

This may also be true of walking. I suspect that if a blind child were left completely alone, he/she would not learn to walk, but I hope this experiment has not been tried.

Kamala, the feral child of India who was raised by a wolf mother, was not blind but imitated the quadripedal form of locomotion used by his adopted parents and siblings since this is what he saw as the accepted method of getting around (1).

It is also true of the more subtle characteristics of adult life, but here we cannot always trace a specific lack in infancy to a similar lack in adult life since it enters into that soft area called behavior with a multitude of variables.

Besides being impressionable, children are also adaptable and will try to compensate for a lack of experience. But in so doing, some may pick a form of adaption that is socially unacceptable or detrimental to some of their other functioning patterns.

Adaptations then can be either a help or a hindrance. An example of early adaptation with negative outcome is contained in some of the recent work concerning the relationship of feeding patterns in infants to their later development of obesity. If excessive fat is offered to an infant at a time when he/she is manufacturing fat cells, the number of these cells will increase and the child may be faced with the known handicap of obesity in later life (2).

In this case, the child has shown an adaptive pattern to an abnormal environmental situation (excess fat intake) which may handle the immediate problem but later proves to be detrimental.

Infants depend on the input from their five senses - hearing, vision, touch, smell, and taste to learn about the world and how to cope with it. No amount of talk or explanation can tell them what hot or cold is - they must experience it for themselves. This also holds for finding out about themselves and others in their environment. As they suck on their own foot or thumb, they learn about self and as their mother tends to them they learn about that sort of adult.

The input for the learning process is combined with certain feelings or reactions that are probably inherent rather than learned - things like fear of falling, the pain of hunger, the comforting feeling of being rocked. Some of this probably stems from the dramatic change from intrauterine life with its perfect environment to the cold hard world.

We are being told now that this environmental shock can be lessened by paying special attention to the mood in the delivery room. Dr. Leboyer assures us that the babies he delivers in a hushed, dim atmosphere have a much better start in life and are more able to cope with the anxieties of living than are the babies delivered in the usual normal impersonal delivery room (3).

The Japanese are going back even further and investigating the prepartum environment. You perhaps have heard of the phenomenal success a Japanese promoter is having selling records of the sounds that occur inside the uterus. These have a definite quieting effect on young infants as it brings back memories of those tranquil times back in the womb.

The infant is dependent on others in his/her environment - mostly the mother - to feed in stimuli through his/her senses and to make them pleasurable or painful experiences. The symbiosis that occurred between mother and child for 9 months before delivery does not stop with the cutting of the umbilical cord. They each need each other.

The infant combines the input he/she receives through his/her senses with the feeling he/she gets from that input and comes up with a judgment of that experience - either he/she likes it or he/she doesn't - or perhaps there is a middle ground that is neutral. This process is repeated thousands of times every day (perhaps every hour) and is how the infant learns about his/her environment.

It has been shown that in certain animals such as cattle and sheep if the newborn is separated from the mother for a brief period after birth, the mother will show unusual mothering behavior and will often butt or kick the infant and refuse to nurse it (4). Klopfer showed that the specific mother-infant bond in goats was established in the first 5 minutes after birth. If the two were separated immediately after birth and then returned, the mother would completely reject the kid, but if the two were allowed to interact for the first 5 minutes, and then separated, the mother would later accept, nurture, and protect her offspring (5).

Perhaps you are familiar with the work of Professor Harry Harlow concerning the effects of maternal deprivation on the later development of Rhesus monkeys. He has shown very clearly that if an infant monkey does not experience the activities that are called mothering, he or she will later have a difficult time assuming the role of father or mother at the appropriate age. His work seems to place emphasis on the tactile sense as a prime element of mothering.

Kennell and his associates studied two groups of mothers and newborns (6). One group received the usual hospital treatment of a glance at the baby after delivery, a short visit at the 6-12 hours of age and then 20-30 minute visits for feeding every 4 hours during the day. The other group, called the extended contact group, had in addition to the usual hospital routine, a 1-hour visit with the infant within the first 3 hours after birth and 5 extra hours with their babies for each of the first 3 days. This was a total of 16 hours extra visiting for the extended contact group.

The behavior and reactions of the mothers in the two groups were compared at 1 month and at 1 year. It was found that the mothers in the extended contact group spend significantly greater time soothing, fondling, and looking at their babies than did the other group and in general seemed to be more concerned for their child. These findings were present when examined at 1 month and 1 year of age.

These studies show how the mother is affected by the early interaction with her infant. It has also been shown that the mother's reaction to her infant is influenced by the feedback that she gets from her child - the way that he/she responds to her overtures. Thus we have a circular pattern of symbiosis with mother and baby each stimulating each other for their mutual benefit.

Mothers and pediatricians - and fathers - have always known that some babies are easier than others. Some will eat and sleep well and be considered good babies, while others require considerable care and *patience.* Formerly we often considered this a genetic or hereditary pattern, but some of the differences may be based on early established maternal-infant bonds and the later expression of these patterns.

Things happen very rapidly to infancy and childhood - and even more rapidly before birth. Cells are multiplying and organs assuming their future function. In the span of a few years, the basic structure and function of the adult is completed leaving many years for minor refinements and even more years for deteroriation which some say starts at age twenty-five.

But what if a child is born with some abnormality? What if he/she can't see his/her mother or hear her? What if he/she has some neurological condition and cannot reach out and touch his/her mother or grab the teddy bear? What if he/she can't walk? What if he/she has a facial disfigurement that makes him/her hard to accept? What if he/she is born prematurely and must be kept in an incubator for many weeks away from his/her mother? These conditions rob him/her of the usual necessary experiences that are required for growing up.

Not only will he/she miss the normal experiences but he/she will probably have to endure many unpleasant experiences during the treatment of his/her abnormality. Even then when he/she does mature, if this has been a permanent disability, like a missing extremity, he/she will have that stigma to deal with.

Cerebral palsy is an example of a condition that can and does cause distortions of life experiences. The fundamental disturbance in cerbral palsy is a lack of control of the muscles caused by some abnormal condition of the nervous system. Since newborns have little control of their muscles anyway, the diagnosis may not be apparent at birth. However, many of the children do show excessive floppiness and perhaps apathy. Since they do not show much movement or response, their mothers do not get the emotional feedback from their mothering attempts and may give up soon leaving the infant without this type of stimulation. Later on when most children are exploring themselves and their environment with eyes, mouth, and hand, these children are flailing around unable to control any of their actions to look, or mouth, or feel. Still later when other children are viewing the world from a vertical position and learning about spatial relationships, gravity, motion, and such matters, the cerebral palsy child still lies on his/her back and sees only the ceiling or whatever presents itself above him/her or if he/she is able to flip over, he/she only sees a close-up of the mattress.

Such a child is going to have enough trouble trying to cope with the world using his/her malfunctioning muscles without being deprived of these early stimulations that can add to his/her learning and reasoning. If this is recognized early, special attention can be given to compensate for the things he cannot experience on his/her own.

Likewise a child born without a leg or an arm misses some of the early experiences. True, he/she can and will adapt since at first he/she does not know that he/she wasn't supposed to have only three extremities. However, if he/she adapts too well, he/she will find it much harder to adjust to the presence and use of a prosthesis when this is fitted. However, if he/she has been fitted early with a prosthesis then when he/she is exploring himself/herself and trying out his/her actions and finds an artificial extremity, he/she will accept this as part of himself/herself and develop a natural use of it.

As you can see, I believe the early years from conception through adolescence are important. Why then, don't we pay more attention to them? Why is there no national commitment to children and their mothers? Other nations seem to have realized the future depends on their children and have given them certain advantages, while we exploit them through television and easy credit cards.

A Cross-National Study of Health Care Delivery Systems chaired by Dr. Donald C. Smith in 1971 had this to say:

> "In each of the countries studied (Finland, Sweden, Poland, Yugoslavia, Isreal, and the United Kingdom) there is a clearly enunciated public policy which recognizes the special needs of mothers and children, and makes special provision for these needs within the framework of the national health care system. Each country has a designated agency responsible for making medical services available and accessible to all mothers and their young children without cost. These maternal and child health services, in turn, serve as an infrastructure around which additional family health services have been established."

Here in the United States, it would seem that the trend is away from any special emphasis on mothers and children. The Children's Bureau which for about five decades served as a federal focal point for the needs of children has been all but eliminated in the last few years. Wellbaby clinics, for many years a method of delivery service, have become a rarity and school health in a comprehensive integrated sense is almost nonexistent in Wisconsin.

The picture, of course, is not entirely negative. The morbidity and mortality from contagious diseases have declined. The infant mortality rate is coming down, and babies are being saved that would have died previously.

We have made great strides in the treatment of disease and in the prevention of disabilities. It is more along the line of child rearing that I feel we have been negligent. During infancy and childhood, there are certain inherent processes or steps that occur which carry the child through to maturity and which are profoundly influenced by the environment. We should be aware of these steps (and "we" are, if the number of publications on child development is any criteria) and plan the environment to take full advantage of the natural processes. It is my conviction that there are areas of our culture (and hence environment) that are developing without appropriate consideration for the effects on our children. In the process of improving our culture, economy, life style, and similar sections of environment, we have neglected to appreciate the impact these changes or advancements may have on the children. Parenthetically, I might even question the benefits some modern advances have on the health of adults.

Prevention

The economic and humanitarian advantages of preventing a crippling condition rather than trying to treat it after it has developed are self evident. Much effort should be expanded in this direction, yet there are also difficulties involved.

There are a vast array of measures or actions that can be taken to prevent specific illnesses, diseases, or disabilities. These include such things as:

1. Chlorination of the water supply to prevent typhoid fever.
2. Flouridation of the water supply to reduce the incidence of dental caries.
3. Reduction in the intake of refined sugar by children to lessen dental decay.
4. Immunizations for numerous contagious diseases.
5. Wearing safety glasses when doing certain work to prevent eye injury.
6. Eating a diet containing enough iron to prevent anemia.

The list could go on to include other esoteric measures such as giving a specific hyper-immune serum to Rh negative women after they deliver for the first time to prevent erythroblastosis and using specific blood fractions at regular intervals to prevent the onset of bleeding in hemophilia.

Preventive measures are particularly applicable when the infant is growing and adapting. During pregnancy there are elements in the diet that can have a profound effect on the fetus in either a positive manner such as protein or a negative effect such as poisons and some drugs or medication.

During the early neonatal period, the child is especially vulnerable to certain medications or procedures. One of the best examples in this later category is oxygen. Too little oxygen can cause anoxia with the possibility of damage to the nervous system, while too much oxygen in a premature infant can cause blindness due to the condition known as retrolental fibroplasia.

If health care is a right we should expect that these and other preventive measures would be available to all mothers and children regardless of their income or social status. Many of these measures are, of course, available to mothers and children but to some families the barriers of money, travel, and motivation make the availability more in theory than in actual fact. We must devise our system to remove these barriers so that these measures are not just

available to all children, but that all mothers and children *receive* the benefits of these procedures.

There now exists a simple mechanism for preventing some cases of congenital blindness, deafness, heart disease, and retardation - the maternal Rubella syndrome. This simple mechanism involves the use of German Measles vaccine in such a way that no woman would go through the first three months of pregnancy without a sufficiently high titer of rubella antibodies to protect her from any wild strain of German measles virus that happened to be in the community. If this could occur, there would be no Rubella babies born with these devasting handicaps. It is the job of the "health care system" to devise mechanisms to make this happen in 99+% of the cases, in spite of known difficulties in the use of the vaccine and in motivating the people.

Summary

Most rational citizens know that the early environment of our children is extremely important but there are signs that this knowledge is not put to proper use. Many European cultures accept childhood as a legitimate part of society and as a proper domain for children while we seem to want to hurry them through it as if it were improper. The early experiences of childhood are absorbed into a fundamental genetic inheritance to produce the child's final personality. Activities involving children might be categorized as being positive - neutral - or negative - and efforts both nationally and locally should be toward maximizing the former two and lessening the latter.

A child with an abnormality is in danger of suffering environmental damage in three ways: he/she may be relatively immobile and unable to reach, touch, and look and do the other things that constitute the learning process of children; the person caring for him/her (the mother in the traditional family) will not get the usual feedback from her overtures and may tend to neglect the child; and compensating activities or programs may not be available to make up for the lack of natural experiences that the child receives and his/her abnormality will in fact be a handicap.

I would like to quote from a letter from Dr. Effie O. Ellis writing as membership chairman of the Maternal and Child Health Section of the American Public Health Association. She has been many things and is also presently the co-director of the Quality of Life Center in Chicago. She writes:

". . . . we stand on the treshold of Century III. Whatever the future holds is dependent upon what we do for and with our children now and in the years ahead. A big strong voice on behalf of children must be raised in all societal levels. The task is not easy, for each day we must see much needed services for mothers and children being discontinued or reduced."

Le Shane puts it differently in her book, *The Conspiracy Against Childhood*(7):

"We are trying to eliminate childhood-
"Child development people say that you are in terrible trouble if
you skip any necessary part of childhood."
Yet we want to eliminate it.
Today's child has everything that technocracy can invent, the only thing
lacking is humanity."
Chicken Little was right!

References

1. Gesell, Arnold. 1940. Wolf child and human child. Harper Brothers Publishers.

2. Knittle, J.L., and J. Hersch. 1968. Effect of early nutrition on the development of epididymal fat pads; cellulosity and metabolism. J. Clin. Invest. 47: 2091-2098.

3. Leboyer, Frederick. 1975. Birth without violence. Alfred Knapf, NY.

4. Hersher, L., A. Moore, and J. Richmond. 1958. Effect of postpartum separation of mother and kid on maternal care in the domestic goat.

5. Klopfer, P.H., D. Adams, and M. Klopfer. 1964. Maternal "imprinting" in goats. Proceedings of the National Academy of Science 52: 911.

6. Kennell, J.H., R. Jerould, H. Wolfe, N. Kregen, W. Mc Alpine, M. Steff, and M. Klaus. 1974. Maternal behavior one year after early and extended post-partum contact. Develop. Med. Child Neurol.

7. Leshan, Eda J. 1967. The conspiracy against childhood. New York: Atheneum. p. 182.

6500-3J82507-78

FROM THE DIRECTOR/Bureau for Exceptional Children

Alertment to Wisconsin's Special Education Personnel:

In the Special Edition, Volume 17, Number 2 of the *Bureau Memorandum,* we provided each of you with a copy of the first set of rules for Chapter 115. These rules were promulgated in January of 1976. On the following pages, please note the remaining rules for implementation of this same statute approved by the Revisor of Statutes on June 1, 1977. These new rules have the force of law and became effective with the start of the new school year.

All too frequently, new legislation is enacted and rules and regulations are promulgated without input from those people most directly affected by these enactments. This was not the case with this remaining set of rules. Committee work began on this set of rules immediately following passage of the first group. The Wisconsin Council on Special Education, which has two teacher representatives on it, carefully critiqued and reviewed each subsequent draft. Four public hearings were held—two in August of 1976 in Milwaukee and Stevens Point and two in Madison by the Joint Education Committees of the legislature. Our internal committees carefully reviewed and considered all of the oral and written testimony presented at these hearings in redrafting certain sections of the proposed rules. This does not imply that all of the recommendations were either accepted or incorporated. In the final analysis, the Division for Handicapped Children is statutorily responsible for rule development under Chapter 115.

This special mailing of the remaining rules for local implementation is intended for both informational and inservice assistance to you as you advise parents, participate on M-teams, develop individual educational programs (IEP), and conduct your programs. These new rules have recently been mailed to your district administrators and directors of special education or program designees. However, we believe it is essential that every special educator in the state be knowledgeable and conversant with these remaining regulations.

Please note that these remaining rules cover the following areas: (1) noncomplying districts; (2) special education program aides; (3) relationships with the private sector; (4) the M-team process; (5) placement and students' IEPs; (6) eligibility criteria; and (7) financial reimbursement. A section dealing with state/local relationships with state and county residential institutions serving EEN children was withdrawn at the request of several school organizations and the Joint Education Committee pending development of clarifying statutory language relating to this area of concern.

Teachers will be specially interested in the sections concerned with eligibility criteria, the M-team process, and development of the IEP. In developing these areas attention was also given to the statutory language of the new federal law, P.L. 94-142. Our department also sponsored some 16 regional workshops during the early winter months of 1976 on the process of developing IEPs in anticipation of these rules being adopted. Since P.L. 94-142 requires an IEP to be on file by October 1 for each EEN child being counted as served in the October 1 head count, the IEP inservice workshops focused primarily on special educators as the target audience. Additional inservice workshops were also planned for the summer of 1977. For those personnel unable to participate in one of these IEP workshops, the following resource materials are recommended to you for assistance in developing your IEPs:

Individual Education Plan (IEP) Development Process (Adopted from the N.A.S.D.S.E. Manual entitled: *Functions of the Placement Committee,* 1976) Loan copies are available from the Division for Handicapped Children, Wisconsin State Department of Public Instruction, January 1977.

Getting It Together: A Guide to writing statements concerning a student's exceptional educational needs, regular educational needs, goals and the M-team plan. For copies contact: Clinton Community Schools, P.O. Box 70, Clinton, Wisconsin 53525 ($2.50).

A Primer on Individualized Education Programs for Handicapped Children. Orders for copies should be sent directly to the Foundation for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091 ($4.95).

Rules as formulated are not set in concrete. In fact, our experience has demonstrated that it is easier to amend a rule than it is to develop and promulgate a new rule. We will appreciate hearing from you on your suggestions and recommendations for rule modifications based upon your on-line experiences with these new rules. Your teacher representatives on the State Superintendent's Wisconsin Council on Special Education are Ms. Cheryl Lee, a speech clinician working in Rock County, and Ms. Betty Kossak, a regular educator from Superior. You may wish to refer suggestions for rule changes either to this office or through Ms. Lee or Ms. Kossak. Ms. Lee can be contacted at the Rock County Courthouse, 51 S. Main Street, Janesville, Wisconsin 53545; Ms. Kossak at 1621 Weeks Street, Superior, Wisconsin 54880. We will give your views our serious attention as we consider subsequent changes in the rules.

We strongly recommend your professional study of these new rules as soon as possible. Have a rewarding and professionally enriching school year.

Cordially,

Kenneth R. Blessing, Ph.D., Director
Bureau for Exceptional Children

Chapter PI 11

Rules Implementing Subchapter IV of Chapter 115, Wis. Stats.

PI 11.28 Noncomplying districts. (1) Intent. The purpose of this section is to ensure that districts will provide equal educational opportunities for children with EEN and to provide remedies in those cases where districts are not providing equal educational opportunities. PI 11.28 is intended to implement section 115.89, Wis. Stats., which requires noncomplying districts to remedy the denial of equal educational opportunities.

(2) Complaints. The superintendent or designee shall receive and investigate complaints and data substantiating complaints charging that a district is not providing appropriate programs as required in section 115.85 (1) and (2), Wis. Stats.

(a) If the superintendent deems it necessary, the complainants shall submit, within 10 days of receipt of a written request from the superintendent, data clarifying and further substantiating the complaint.

(b) The district shall submit to the superintendent, within 10 days of receipt of a written request from the superintendent, all additional information not on file with the department relating to the district's implementation of subchapter IV, chapter 115, Wis. Stats., any other information required by the superintendent and a summary response to the specific complaint.

(3) Review. The superintendent shall review all data within 30 days following receipt of data from the complainants and the district, and shall set a time, date, and place for holding a prehearing conference and shall send notice of such conference to the parties to the complaint.

(a) The purpose of the prehearing conference is to identify or define issues in dispute, obtain agreement on facts not in dispute, obtain any specific information needed by the superintendent to determine whether a public hearing shall be held, what evidentiary proceedings, if any, are necessary as well as procedures and schedules for processing the appeal.

(b) The prehearing conference may be continued to a later date by the superintendent.

(c) If after the prehearing conference the superintendent determines that the district is in compliance with section 115.85 (1) and (2), Wis. Stats., a complete report of the issues raised by the complainants, as well as the disposition of such issues and agreement of the parties thereto, shall be sent to the parties to the complaint.

(4) Formal public hearing. (a) If after the prehearing conference, the superintendent determines that a public hearing is necessary, notice of time, date, and place and purposes of a public hearing to be held in the district shall be sent to all parties and notice of the hearing shall be given in the newspaper likely to give notice in the district.

1. An official record of the hearing shall be kept including a verbatim record of the proceedings at the hearing together with all exhibits. The record of the hearing may be a tape recording.

2. The complainants may present evidence relative to the complaint that the district is not providing equal educational opportunities for children with EEN.

(b) The superintendent shall make findings within 10 days following the public hearing in the district, including a finding that the district has denied equal educational opportunities to children with EEN or a finding that the district is in compliance relative to the specific complaints in the allegation.

(5) Remedial plan. After the superintendent has found that a district has denied equal educational opportunities to children with EEN, the superintendent, through the division, may make recommendations to the district to remedy the denial of equal educational opportunities, and shall order development by the district of a remedial plan and implementation of that plan within 3 months of receipt of the order by the district.

(6) Inadequate implementation. If, following consultation with the board, the superintendent finds that implementation of the plan has been inadequate to remedy the denial of equal educational opportunities, the superintendent shall request the attorney general to proceed against the district for its noncompliance with the superintendent's order.

PI 11.29 Special education program aides. (1) Policy. To ensure that all instructional units have adequate support services the LEA may utilize a special education program aide when appropriate. It is not the department's intent that all units are provided with a special education program aide.

(2) Eligibility. Eligibility for a special education program aide shall be based on the following:

(a) Evidence of an enrollment increase beyond the recommended maximum in the particular program type/level of program unit (PI 11.21 (1) (c)).

1. Use of a special education program aide shall not be approved where the enrollment has increased to a point where a second teacher should be employed.

(3) Exceptions. Exceptions shall be approved based on the following:

(a) Evidence that use of a special education program aide is necessary to assist with certain children who might otherwise be difficult to manage or difficult to educate.

(b) Evidence that use of a special education program aide is necessary on school buses to assist in management control where there are reported problems and the safety of the children is a factor.

(c) Evidence that a special education program aide is necessary to assist a physically handicapped child to accommodate to a regular classroom situation.

(d) Exceptions covered under PI 11.29 (3) (a), (b), and (c) shall require prior approval from the division.

(4) Reimbursement. The department shall reimburse the employing LEA for the salary and fringe benefits of certified special education program aides at 70% (PI 11.35 (2) (a) 1.) when the following criteria are met:

(a) For the first year, a written plan shall be submitted by the LEA to the program area supervisor. The program plan shall include the following elements:

1. Program rationale.

2. Clearly articulated need.

3. Aide role and function.

4. Work schedule.

5. Any other information requested by the division.

(b) Need for this position shall be reviewed yearly.

(c) Reimbursement for this position shall be contingent upon prior approval of the program area supervisor.

(5) Special education program aide requirements. The individual shall hold a 3-year license as a special education program aide.

(6) Supervision. In the classroom, special education program aides shall be under the direct supervision of a certified special education teacher. In cases where special education program aides are not functioning in the classroom, they shall be under the supervision of a director or supervisor or both.

(a) Use of this position shall not reduce, remove, or transfer the teacher's authority or responsibility.

PI 11.31 Relationships with private sector. (1) Intent. This section shall define the relationships between the private sector, local districts, and the department consistent with subchapter IV, chapter 115, Wis. Stats., legal opinions and the rules.

(a) For the purpose of this section, private schools shall mean any school which is nonpublic. See PI 11.04 (1) (d).

(2) Services. LEAs shall provide only the EEN services as determined by statutory and rule definition, section 115.80 (3), Wis. Stats., with the following conditions:

(a) Evaluation. District staff may carry out M-team assessment activities within private schools. If the district elects not to carry out M-team activities within the private school, the district shall provide it within the public school.

(b) Instructional and therapy services. LEA-provided instructional services or physical/occupational therapy services shall be permissible within the private school only if the special education program is fully administered and operated by an LEA.

(3) Transportation. General and special transportation to special education services shall be provided by the district of the child's residence if the board has requested, based on M-team findings, a private contract and the contract has been approved by the superintendent. The special transportation required shall be reimbursed at 70% of excess costs. See PI 11.35 (2) (a) 1.

(a) Where the board through the M-team recommendations and findings has made a determination that a program exists in the LEA that meets the student's needs but the parent chooses a private school placement, only the transportation provisions of section 121.54 (2) (b) 1., Wis. Stats., apply.

(4) Pursuant to section 115.78 (2), Wis. Stats., private special education schools shall submit to the division, on a form developed by the division, a yearly report on enrollments, types and levels of service, licensure of personnel, and any other information required. This information is required by the division for its annual development of a state directory of public/private EEN services.

PI 11.32 M-team process. (1) Intent. Subchapter IV, chapter 115, Wis. Stats., was created to provide special education only for children with the handicapping conditions of mental retardation or other developmental disabilities, physically handicapped, pregnancy, visually handicapped, hearing handicapped, speech or language handicapped, learning disabilities, emotionally disturbed, or any combination of conditions named by the superintendent as enumerated in section 115.76 (3) (a) through (i), Wis. Stats. Only those children determined to have an EEN shall be included within the parameters of the mandates of this law.

(2) M-team responsibility. Pursuant to PI 11.03 (1) the M-team shall determine, specify, and document decisions relative to disability, handicapping condition, and need for special education. A child shall not qualify as a child with EEN unless the handicapping condition requires special education. The director, supervisor, or designee shall be responsible for the M-team process including determination of disability and handicapping condition, need for special education, and M-team plan and shall approve the M-team evaluation process or may request additional information.

(a) Disability. The child shall have a mental, physical, emotional, or learning disability as the initial point for determining if the child qualifies for special education pursuant to subchapter IV, chapter 115, Wis. Stats.

(b) Handicapping condition. If the child has a disability, the M-team shall determine if the child has a handicapping condition, pursuant to section 115.76 (3) (a) through (i), Wis. Stats., and PI 11.34 (2).

(c) Need for special education. Existence of one of these conditions shall not, in and of itself, qualify a child for special education unless the child also has a need for special education.

(d) EEN. If the M-team determines that the child has a disability, a handicapping condition, and a need for special education, then the child is determined to be a child with EEN.

Table I.

Determination of EEN

Determination of a disabilty.	→	If yes, determination of a handicapping condition.	→	If yes, determination of a need for special education.	→	If yes, child with exceptional educational needs

(3) Disability and handicapping condition. In determining disability and handicapping condition:

(a) Designated M-team members shall be responsible for the collection or analysis or evaluation or a combination thereof of the referral data. The extent of the information gathering process shall vary with each individual child depending upon the referral behavior and availability of relevant information in each case.

1. Data collection and analysis shall include:

a. Complete written documentation from referral sources.

b. Report of educational performance, e.g., behavioral and academic, from the child's teacher or other referral agencies, or both,

c. A description and documentation of previous interventions, including educational, medical, social, and any other interventions attempted to assist the child.

d. Social, emotional, and behavioral factors and peer and adult interactions in school, home, and community.

e. Age of onset of the condition, differentiating between initial occurrence and initial identification.

2. The chairperson of the M-team or any M-team member may request additional information or evaluations any time during the evaluation process. The following shall be included when requested, or when determined relevant and essential to a determination of a handicapping condition:

a. Individual intellectual assessments and other individual psychological procedures.

b. Medical evaluation.

c. Analysis of economic, social, cultural, and language factors which may have an effect on school functioning.

(b) Role of the special education teacher. The special education teacher shall be responsible for a current written evaluation in the context of special education. The teacher shall review, analyze, and incorporate information, contained in PI 11.32 (3) (a), from other M-team members. In addition, the teacher shall conduct and document any interviews, observations, informal, and formal, norm- and criterion-referenced tests required to reach educational conclusions. The written evaluation shall include conclusions on the following:

1. The pupil's current behavioral, social, and academic functioning.

2. The individual child's learning style and how specific concepts or skills or both are acquired and utilized.

(c) Analysis and evaluation of data shall include a comparison of findings of individual M-team members.

(4) Determination of need for special education. (a) Need. During the final staffing to determine whether or not the child's handicapping condition requires special education, the M-team shall:

1. Complete the summary of the individual written reports and findings submitted by M-team members, or any which may be submitted by consultants or parents and others.

2. Develop a documented, written statement of the child's needs, based on PI 11.32 (4) (a) 1. and the following:

a. How the handicapping condition interferes with behavioral and academic functioning in the present educational program.

b. The interventions or modifications that still may need to be attempted in regular education.

c. A consideration of how the essential proposed educational elements will differ from the current programs.

3. For children whose handicapping conditions do not require special education, see PI 11.03 (4) (b) 3. a., b., and c.

(5) M-team plan for EEN children. Pursuant to section 115.80 (3) (e), Wis. Stats., and PI 11.03 (5) (a) and (b), the M-team shall recommend in writing an M-team plan to include elements in PI 11.32 (3) and (4), based upon the child's needs. Input and involvement of the parent as well as from the child, whenever appropriate, shall be allowed and encouraged in the development of the M-team plan.

(a) The M-team shall enumerate the following:

1. Statement of the child's needs, to include elements considered in PI 11.32 (3) and (4).

2. Goal statements and general objectives to meet the child's needs in the following areas as appropriate:

a. Specify the recommended academic or behavioral interventions, or both, necessary in special education or regular education, or both.

b. Supportive and related services.

c. School/parent communications.

3. The provisions for regularly scheduled follow-up consultation between special education and regular education staff, and when necessary with supportive personnel to ensure appropriateness of programming.

(6) M-team report. Refer to PI 11.03 (8). All findings, reports, and recommendations, as well as the M-team plan, shall become part of the M-team report.

PI 11.33 Placement, student's individual educational program (IEP). (1) Placement in special education.

(a) The director, supervisor, or designee shall be responsible for the receipt of the written M-team plan, may request additional information, and shall make the placement offer to the parent.

(b) The placement decision made by the board's director or designee, pursuant to PI 11.03 (7) and PI 11.11 (4) (b) 1., shall include a justification for the type of educational placement, type and level of program, location, personnel involved, and elements from the M-team plan. This shall include:

1. Statement regarding anticipated duration of special education, including the projected date of enrollment and general statement of amount of responsibility to be assumed by special and regular education and supportive services programming.

(c) The director or designee shall be responsible for systematic followup, monitoring, and evaluation of the M-team plan and the IEP. This shall include the process of annual review and updating of the IEP.

(2) The student's individual educational program (IEP). Each LEA shall establish or revise an IEP for each exceptional child pursuant to section 115.80 (4), Wis. Stats. This shall occur at an individual planning conference prior to the beginning of each school term for continuing students or within 6 weeks of initial placement for new students. Parents shall be informed in special cases where this cannot be accomplished. The IEP shall be revised periodically but not less than annually. The parent as well as the child whenever appropriate shall be offered the opportunity for involvement in the development of the IEP.

Note: Pursuant to P.L. 94-142, the IEP shall be in place by October 1, 1977.

(a) The IEP shall include the following:

1. A statement of the present levels of educational performance of the child.

2. A statement of annual long and short-term objectives based on the goals established by the M-team. Any other educational goals deemed appropriate may be included.

a. The statement shall include performance criteria, method of measurement, and anticipated timeline for meeting criteria.

b. The statement shall include specific educational, supportive, and related services needed to meet the exceptional educational needs of the child including the personnel responsible for the delivery of services and an estimate of the percentage of time involved in regular education and special education.

c. The statement shall include an enumeration of anticipated interventions, methods, and materials to be employed.

d. The objectives shall be evaluated upon attainment of the objectives or at the end of the school year.

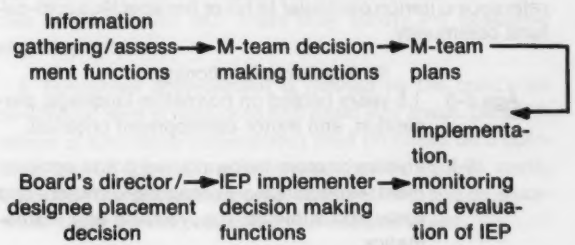
(b) The special education teacher designated as having primary responsibility for the child's program shall be responsible for developing and revising the child's IEP.

(c) Special and regular education teachers and supportive staff working with the child shall assist in developing and revising the IEP.

(d) The IEP shall be a part of the student's behavioral records and shall be available upon request by the operating LEA from the district of residence, the teacher, the parent, and the student if over 18 years.

(e) The rules in PI 11.32, PI 11.33, and PI 11.34 covering determination of eligibility, placement procedures, and development of an IEP are summarized in Table I.

Table I.


Information gathering/assessment functions
M-team decision making functions
M-team plans
Implementation, monitoring and evaluation of IEP
IEP implementer decision making functions
Board's director/designee placement decision

The division recommends that whenever appropriate, the implementer of the IEP should also serve as an M-team member. This may result in shortening the time required to develop an IEP.

PI 11.34 Eligibility criteria. (1) Standards. Children shall be determined to have a handicapping condition who have been identified, evaluated, and classified as handicapped pursuant to PI 11.03, PI 11.32, PI 11.33, and PI 11.34. The minimum criteria for the determination of handicapping condition and eligibility for special education shall be consistent throughout the state.

(a) A transition period shall be provided for moving a child out of special education who upon re-evaluation does not meet criteria in the rules.

(2) Handicapping condition. Educational needs resulting primarily from poverty, neglect, delinquency, social maladjustment, cultural or linguistic isolation, or inappropriate instruction are not included under subchapter IV, chapter 115, Wis. Stats.

(a) Mental retardation.

1. Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior manifested during the developmental period. (AAMD definition—Grosman, 1973). (Standard deviation (S.D.) is used to signify variability from the mean. The mean is an average of the scores in a set; the standard deviation is an average of how distant the individual scores in a distribution are removed from the mean).

Table I.

Major considerations for determination of mental retardation

I. Measured intelligence

Mild -2 to -3 S.D. Moderate -3 to -4 S.D.

Severe -4 to -5 S.D. Profound -6 S.D.

II. Adaptive functioning

A child is determined to be in the lower 2% of his or her age group on formal/informal criterions, scales and data in his or her ability to interact with others, manipulate objects and tools, move about in the environment, and otherwise meet the demands and expectancies of the general society and environment. In addition, the child's adaptive abilities are in the lower 2% of his or her peer and age group on the reference criterion particular to his or her specific socio-cultural community.

III. Academic functioning

Age 3-5	1.5 years behind on normative language, perception, and motor development criterion.
6-9	2 years or more below normal grade achievement expectancies in language, motor, and basic skill subjects, e.g., reading and mathematics.
10-14	3.5 years or more below normal grade achievement expectancies in language, motor, and basic skill subjects, e.g., reading and mathematics.
15-20	5th grade or below achievement in language, motor, and basic skill subjects, e.g., reading and mathematics.

2. Children who test between -1 and -2 S.D. on individual intelligence tests, e.g., borderline intelligence (AAMD definition) may be determined to be mentally retarded on a selective basis if they:

a. Exhibit pervasive depressed mental development similar in nature to children testing below -2 S.D. on the normal curve and if they:

i. Have concomitant lags in cognitive, adaptive, and achievement abilities.

ii. Have exhibited mental retardation as documented from their developmental and school history.

iii. Are expected to have the condition indefinitely.

3. In determining mental retardation the evaluators shall identify those children who are mentally retarded in conjunction with depressing socio-cultural influences.

4. A child with suspected developmental disabilities other than mental retardation shall be referred to an M-team for determination of other handicapping conditions and EEN.

Note: For example, a child with the suspected condition of epilepsy may be determined to be physically handicapped.

(b) Physically handicapped. 1. A physically handicapped child is one who has some physical defect such as affection of the joints or bones, disturbances of the neuromuscular mechanism, congenital deformities, cardiac condition, spastic, and other acquired deformities. Such physical defects, organic diseases, or conditions may hinder the child's achievement of normal growth and development.

(c) Pregnancy. 1. Medical verification that a girl is pregnant shall establish the disability and handicapping condition and the need for special education.

(d) Visually handicapped. A visual handicap is determined by functional visual efficiency including visual fields, ocular motility, binocular vision, and accommodation. A visual handicap is determined by medical examination, e.g., by an opthalmologist or optometrist.

1. Visual fields. a. Moderately visually handicapped means distance visual measurements of 20/70 and 20/200 in the better eye after correction. Near vision measurements of 14/56, e.g., Jaeger 10, or near vision equivalents.

b. Severely visually handicapped means distance visual measurements of 20/200 to 20/400 in the better eye after correction. Near vision measurements of 14/140, e.g., Jaeger 17, or near vision equivalents.

c. Profoundly visually handicapped means:

i. Distance visual measurements are 20/500 or less in the better eye after correction.

ii. HM—the ability to perceive hand movement.

iii. PLL—perceives and localizes light in one or more quadrants.

d. Totally blind means:

i. LP—perceives but does not localize light.

ii. No LP—no light perception.

e. Peripheral field and central vision loss means peripheral field so contracted that the widest diameter of such fields subtends an angular distance no greater than 50 degrees.

2. Ocular motility means loss of vision efficiency in either eye, due to double or binocular vision.

3. Lack of binocular vision means the inability to use the two eyes simultaneously to focus on the same object and to fuse the two images into a single image.

4. Lack of accommodation means the inability of the eye to hold a steady fixation for seeing at various distances, especially near.

5. Also included shall be diagnosed physical disabilities or handicapping conditions which may result in a visual handicap or affect visual functioning in the future.

(e) Hearing handicapped. 1. An auditory handicap is determined by medical (otologic) and audiologic evaluations. Examination shall be done by a physician specializing in diseases of the ear and evaluation by a certified clinical audiologist. The loss in hearing acuity affects the normal development of language and is a medically irreversible condition for which all medical interventions have been attempted. The hearing loss affects a child in varying degrees, depending on the time the loss was sustained.

a. The hard of hearing child means a child who, with a hearing aid, can develop a language system adequate to successful achievement and social growth. Audiological assessment should indicate at least a 30 db loss in the better ear in the speech range. Difficulty in understanding conversational speech as it takes place in a group necessitates special considerations.

b. Severely handicapped hearing child means a child who, with or without a hearing aid is unable to interpret adequately aural/oral communication. Audiological assessment indicates a minimum loss of 70 db in the better ear. Inability to discriminate all consonants and other difficulties appear as the loss becomes greater.

2. Characteristics of hearing impairment may not be readily apparent. Children react differently to similar losses and therefore an audiogram shall not be the sole criterion of significant EEN. Neither is the use or nonuse of a hearing aid totally significant. Additional factors include inadequate, hesitant, or no verbal communication, speech abnormality and, at times, aggressiveness due to misunderstanding. It is suggested that a continuing dialogue be maintained with the certified clinical audiologist in anticipation of a program recommendation.

(f) Speech and language handicaps. 1. Speech and language handicaps are characterized by a delay or deviance in the acquisition of prelinguistic skills, or receptive skills, or expressive skills or both of oral communication. The handicapping condition does not include speech and language problems resulting from differences in paucity of or isolation from appropriate models.

a. Special considerations include:

i. Elective or selective mutism or school phobia shall not be included except in cooperation with programming for the emotionally disturbed.

ii. Documentation of a physical disability resulting in a voice problem, e.g., nodules, cleft palate, etc., or an expressive motor problem, e.g., cerebral palsy, dysarthria, etc., shall not require the determination of a handicapping condition in speech and language.

(g) Learning disabilities. 1. The handicapping condition of learning disabilities denotes severe and unique learning problems due to a disorder existing within the child which significantly interferes with the ability to acquire, organize, or express information. These problems are manifested in school functioning in an impaired ability to read, write, spell, or arithmetically reason or calculate.

2. Criteria for identification. The child shall meet the criteria in PI 11.34 (2) (g) 2. a. and b. to be considered as having the handicapping condition of learning disabilities.

a. Academic functioning. A child whose primary handicapping condition is due to learning disabilities shall exhibit a significant discrepancy between functional achievement and expected achievement. A significant discrepancy is defined as functional achievement at or below 50% (.5) of expected achievement.

i. The child when first identified, shall have a significant discrepancy in functional achievement in 2 or more of the readiness or basic skill areas of math, reading, spelling, and written language. To determine a significant discrepancy in the readiness areas, the M-team shall consider the child's receptive and expressive language and fine motor functioning. A significant discrepancy in the single area of math, accompanied by less significant, yet demonstrable discrepancies in other basic skill areas may satisfy the academic eligibility criteria.

ii. Functional achievement is defined as the child's instructional level in readiness and basic skill areas. Determination of functional achievement shall be based on a combination of formal and informal individualized tests, criterion-referenced measures, observations, and an analysis of classroom expectations in basic skill areas.

iii. The following formula shall be used to determine expected achievement: I.Q. x years in school. Years in school is defined as the number of years of school completed since enrollment in 5-year-old kindergarten. A child who entered first grade without benefit of kindergarten should have a factor of one year added to that child's total years in school for computational purposes.

iv. The following formula yields a grade score to which the child's previously determined functional achievement level is compared. If the functional achievement level is at or below the grade score derived from the formula a significant discrepancy exists:

I.Q. x Years in School x .5 = Grade Score
(50% of expected achievement).

This formula is inappropriate for children who have not completed 2 years in school. Children entering kindergarten or first grade who are achieving in readiness areas one or more years below expected achievement levels for their chronological age may be considered as having a significant discrepancy between their functional and expected achievement. See Appendix J for examples.

v. A child whose functional achievement approaches but is not at or below 50% of expected achievement may be considered to have met the academic functioning criterion if the child demonstrates variable performance between the sub-skills required for each of the areas of reading, writing, spelling, arithmetical reasoning, or calculation and if the child meets all the other criteria used to identify the handicapping condition of learning disabilities. This determination shall be based on the M-team's collective judgment and the rationale shall be documented in the M-team report.

vi. In attendance centers where the number of children functioning at or below 50% of expected achievement exceeds that which might be anticipated for the general population, additional efforts shall be made to substantiate that the child's functional achievement level is due to a disorder existing within the child and not due to those conditions enumerated in PI 11.34 (2).

vii. Evidence shall exist that the learning disabilities are primarily attributable to a deficit within the child's learning system. Such evidence may include average or above average ability in some areas. In documenting this in-child variability, academic and nonacademic behaviors shall be considered.

b. Intellectual functioning. Children whose primary handicapping condition is due to learning disabilities shall exhibit normal or potential for normal intellectual functioning.

i. This measure of intellectual functioning may be established by a score above a minus one standard deviation on a single score intelligence instrument, or by a verbal or performance quotient of 90 or above on a multiple score intelligence instrument.

ii. The instrument used to establish this measure shall be recognized as a valid and comprehensive individual measure of intellectual functioning.

iii. If there is reason to suspect the test results are not true indices of a particular child's ability, then clarification of why the results are considered invalid shall be provided. Previous experience, past performance, and other supportive data that intellectual functioning is average shall be present and documented in written form.

iv. There may exist rare cases of severe language involvement which detrimentally affect the learning disabled child's ability to perform adequately on intelligence tests given the language emphasis of these instruments. In these rare situations, the importance of the intellectual criteria may be reduced given substantial evidence to indicate average ability.

3. Learning problems, when primarily due to the following, shall be excluded from consideration as learning disabilities:

a. The other handicapping conditions specified in section 115.76 (3), Wis. Stats.

b. Learning problems resulting from extended absence, continuous inadequate instruction, curriculum planning, or instructional strategies.

c. Discrepancies between ability and school achievement due to motivation.

d. Functioning at grade level but with potential for greater achievement.

(h) Emotional disturbance. 1. Classification of emotional disturbance as a handicapping condition is determined through a current, comprehensive study of a child, ages 0 through 20, by an M-team.

2. Emotional disturbance is characterized by emotional, social, and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production, or both, of appropriate academic skills, social interactions, interpersonal relationships, or intrapersonal adjustment. The condition denotes intraindividual and interindividual conflict or variant or deviant behavior or any combination thereof, exhibited in the social systems of school, home, and community and may be recognized by the child or significant others.

3. All children may experience situational anxiety, stress, and conflict or demonstrate deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic, or frequent and are manifested in two or more of the child's social systems, e.g., school, home, or community. The M-team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance:

a. An inability to develop or maintain satisfactory interpersonal relationships.

b. Inappropriate affective or behavioral response to what is considered a normal situational condition.

c. A general pervasive mood of unhappiness, depression, or state of anxiety.

d. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.

f. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.

h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences, and opportunities, and adversely affects the child or others in regular or special education programs.

4. The operational definition of the handicapping condition of emotional disturbance does not postulate the cause of the handicapping condition in any one aspect of the child's make-up or social systems.

5. The manifestations of the child's problems are likely to influence family interactions, relationships, and functioning or have an influence on specific individual members of the family. It is strongly recommended that extensive family involvement or assistance be considered in the evaluation and programming of the child.

6. The handicapping condition of emotional disturbance may be the result of interaction with a variety of other handicapping conditions such as learning, physical, or mental disabilities or severe communication problems including speech or language.

7. An M-team referral for suspected emotional disturbance may be indicated when certain medical or psychiatric diagnostic statements have been used to describe a child's behavior. Such diagnoses may include but not be limited to autism, schizophrenia, psychoses, psychosomatic disorders, school phobia, suicidal behavior, elective mutism, or neurotic states of behavior. In addition, students may be considered for a potential M-team evaluation when there is a suspected emotional disturbance, who are also socially maladjusted, adjudged delinquent, dropouts, drug abusers, or students whose behavior or emotional problems are primarily associated with factors including cultural deprivation, educational retardation, family mobility, or socio-economic circumstances, or suspected child abuse cases.

(i) Multiple handicapped. 1. A multiple handicapped child is one who has two or more handicapping conditions leading to EEN which may require programming considerations and are determined by an M-team composed of specialists trained, certified and experienced in the teaching of children with the EEN.

2. A multiple handicapped child shall have the right to any and all educational, supportive, and related services essential to a free appropriate public education based on the individual needs of the child.

PI 11.35 Reimbursement. (1) Intent. Contingent upon prior receipt of the appropriate annual plan of services for each respective area, and operation of the program in accordance with section 115.88, Wis. Stats., and the rules, the superintendent shall authorize reimbursement for costs involved in operating and maintaining said program.

(a) The LEA shall submit on appropriate financial claims for each program area such information and data as required by the division for fiscal review and approval for reimbursement of the program through state general purpose revenue categorical aids.

(b) If required, the LEA shall submit any other reports, including evidence of compliance with the rules or federal and state statutes or both.

(2) Reimbursement for special education instructional/administrative costs. (a) The rate of state aid reimbursement for each approved qualified licensed special education teacher and special education program aide shall be 70% of salary and fringe benefits pursuant to section 115.88 (1), Wis. Stats.

1. State categorical aids are currently on a sum certain basis, which means that if total fiscal claims exceed the annual appropriation requested by the department, proration shall take place.

2. The individual who spends less than full-time in special education services shall be reimbursed on a pro rata basis.

(b) An exception to PI 11.35 (2) (a) relates to special education teachers and special education program aides employed in hospitals or convalescent homes for physically and other health impaired children, wherein the board of the district in which the hospital or convalescent home is located shall be reimbursed for 100% of the actual costs incurred for instruction, pursuant to section 115.88 (4), Wis. Stats.

c) Reimbursement for directors/supervisors. See PI 11.11 (3), PI 11.35 (2) (a) 1.

(3) Reimbursement for supportive services personnel. (a) Supportive services personnel shall include physical therapists, occupational therapists, and therapy aides.

Note: No other health treatment service shall be reimbursable.

1. The LEA shall receive 70% reimbursement of salaries and fringe benefits of these personnel. Refer to PI 11.35 (2) (a) 1.

2. See PI 11.19 (5) (d) Note for reimbursement for new program units. For continuing program units operating outside orthopedic schools a maximum of $400 per unit shall be allowed. Any exceptions to this limitation shall be negotiated in advance with the division program area supervisor. No limitation shall apply for orthopedic schools.

(4) Reimbursements for related services. (a) Related services means transportation services or others designated by the superintendent.

(b) Pursuant to section 115.88 (2), Wis. Stats., the excess costs involved in providing special additional transportation services required as part of the individual educational program shall be reimbursed to the LEA at 70% of the division approved claim after payment of general transportation aids.

1. Transportation, when required, to medical, vocational, or other community supportive services related to the individual educational program, shall meet the test of such additional or special transportation needs.

2. For EEN children, the 2 mile limitation for general transportation shall not apply.

(c) Any child attending regular classes who, upon medical prescription, requires special transportation shall receive such transportation. The LEA shall be reimbursed at 70% of the full cost after general transportation aids have been paid.

(5) Reimbursement for board and lodging. (a) Pursuant to section 115.88 (3), Wis. Stats., where board and lodging from Monday through Friday, is used in lieu of transportation and transportation of nonresident children between the boarding home and the special education program is required, 100% of prior-approved claims shall be reimbursed to the operating district.

(6) Other reimbursable items. (a) Under the other expenses approved by the superintendent, LEAs shall receive reimbursement for more expensive equipment in those unique instances requiring special consideration.

(b) Approvals for reimbursement under this subsection shall be closely monitored and limited in number. LEAs shall make a special appeal for approval from the superintendent in these instances.

Note: State reimbursement of costs of tuition involved in private contracts is not authorized by statute at this time. Section 115.85 (2) (d), Wis. Stats., and chapter 39, laws of 1975, mandate that the district of residence shall pay tuition in these instances.

Appendix J

The formula used is a modification of a reading expectancy formula developed by Bond and Tinker (G. L. Bond and M. A. Tinker, *Reading Difficulties: Their Diagnosis and Correction* (2nd edition) New York, Appleton-Century-Crofts, 1967). The Bond and Tinker studies indicate that the predicted achievement scores derived from the original formula (I.Q. x years in school + 1.0= expected reading grade) closely approximate actual reading achievement. Because the components of the formula are general, i.e., number of "years in school", and intelligence, it is believed that this formula can be adapted and appropriately applied to all the academic areas specified in PI 11.34 (2) (g).

The Bond and Tinker formula did not include 5-year-old kindergarten in "years in school" but in effect allowed for it by adding in a 1.0 factor. To simplify the formula and to ensure that the child is constantly compared to the same referent group, 5-year-old kindergarten was added to the formula and the 1.0 factor deleted. This should ease computation without detracting from the accuracy of the formula.

Definition of factors in formula:

A. I.Q. - full scale score derived from an individual measure of intellectual functioning. I.Q. should be written as a decimal, for example 87 equals .87, 105 equals 1.05, etc.

B. years in school - number of years in school beginning with 5-year kindergarten.

The Bond and Tinker formula was weighted by a factor of .5 (50%) in order to indicate the level at or below which a child must function to exhibit a significant discrepancy. The full formula then is:

(I.Q. x years in school) x .5 = grade score (50% of expected achievement).

Examples utilizing this formula are:

A. A child beginning the fifth year of school (beginning fourth grade, e.g., 4 years in school) with a measured full scale I.Q. of 92 (.92) would have a grade score computed in the following manner:

(.92 x 4) x .5 = (3.68) x .5 = 1.8

B. A child in the 7th month of second grade, who is repeating second grade, with a measured full scale I.Q. of 101 (1.01) would have a grade score computed in the following manner:

(1.01 x 3.7) x .5 = (3.7) x .5 = 1.9

C. A child in the ninth year of school (8th grade) with an I.Q. of 113 (1.13), who is identified in January, would have a grade score computed in the following manner:

(1.13 x 8.5) x .5 = (9.6) x .5 = 4.8

D. A child entering kindergarten at 5 years of age with average ability and functioning at or below a 4 year level in 2 or more of the readiness areas will meet the academic criteria of eligibility. The formula for establishing grade score should not be used.

E. A child entering third grade at the age of 8 who has not completed 3 years in school (no kindergarten) would have a factor of 1.0 added to the years in school for determining grade score (50% of expected achievement).

(I.Q. x years in school) x .5 = grade score

(1.00 x 2 + 1) x .5 =

(2.00 + 1) x .5 =

3.0 x .5 = 1.5

Therefore if this 8-year-old child entering third grade is achieving at the 1.5 grade level or below in 2 or more of the readiness or basic skill areas, this child will meet the academic criteria of eligibility.

F. A child entering first grade who has average ability and has completed 2 years in school (retained in kindergarten) would have the formula applied for establishing grade score.

(.90 x 2) x .5 = 1.80 x .5 = .9

DIVISION FOR HANDICAPPED CHILDREN

Victor J. Contrucci, Administrator

Program Audit Unit
James Despins, Program Auditor
Signe Frank, Socio-Education Specialist
Vacancy, Program Auditor

BUREAU FOR EXCEPTIONAL CHILDREN
Kenneth R. Blessing, Ph.D., Director
Stephanie Petska, Educational Services Assistant

Developmental, Behavioral and Learning Impaired Section
Thomas Stockton, Section Chief
Bettie Halverson, Administrative Assistant

Ann Kellogg, Program Supervisor, Emotionally Disturbed
Beverly Kochan, Program Supervisor, Emotionally Disturbed
Kenneth McMahon, Program Supervisor, Mentally Retarded
Juanita Pawlisch, Program Supervisor, Special Learning Disabilities
Alverna Robinson, Program Supervisor, Mentally Retarded
Harold Schmidt, Program Supervisor, Special Learning Disabilities
Vacant, Program Supervisor, Mentally Retarded

Federal Support Programs Section
John Stadtmueller, Section Chief
Linda Pauly, Educational Services Assistant

Elizabeth Agajanian, Administrative Assistant, Deaf-Blind Project
Nancy Byfield, Field Coordinator, Child Find
John Cook, Ph.D., Research and Evaluation Specialist
William Ernst, Ph.D., Administrative Officer
Phyllis Hawthorne, Educational Services Assistant
Gary Holloway, Data Coordinator, Child Find
Julia House, Administrative Assistant, Child Find
Jim McCoy, Educational Services Assistant, Early Childhood-Handicapped Project
Lynn Mertely, Educational Services Assistant, Early Childhood-Handicapped Project
Patricia McMahan, Publications Editor
Richard Trotta, Program Administrator, Title VI-D

Physical, Sensory, and Language Impaired Section
Betty Rowe, Section Chief
Kathy Cahill, Administrative Assistant
William Berkan, Handicapped Children's Specialist
John Melcher, Program Supervisor, Early Childhood-Handicapped
Samuel D. Milesky, Program Supervisor, Deaf and Hard of Hearing
Andrew Papineau, Program Supervisor, Visually Handicapped
Irwin Probstein, Program Supervisor, School-Age Mother
Kathleen Rueber, Social Worker
Vernon Smith, Program Supervisor, Speech and Language
Betty Ross-Thomson, Education Specialist

Residential Programs Section
Gary Blackmer, Coordinator, Rehabilitation Center, Wisconsin School for the Deaf, Delavan
Kenneth Brassel, Principal, Wisconsin School for the Deaf, Delavan
Robert Okray, Principal, Wisconsin School for the Visually Handicapped, Janesville
William English, Superintendent, Wisconsin School for the Visually Handicapped, Janesville
John Shipman, Superintendent, Wisconsin School for the Deaf, Delavan

BUREAU FOR CRIPPLED CHILDREN

Horace K. Tenney III, M.D., Medical Director
John Murphy, Administrative Coordinator

Elie Asleson, Medical Social Worker
Elizabeth Baehr, Administrative Field Worker
LaVerne Baker, Nursing Specialist
Louis Block, Administrative Assistant
C. Ernest Cooney, Prevention Specialist
Sara Critser, Nursing Specialist
Harold Donahue, Administrative Assistant, Records and Information
Effie Guethlein, Nursing Specialist
Caryl Hatfield, Nursing Specialist
Jane Hatleberg, Nursing Specialist Assistant
Carolyn Hefty, Nursing Specialist
Marjorie Jothen, Coordinator, Nursing Specialist
Lois Latsch, Physical Therapy Specialist
Gertrude Leveille, Nursing Specialist
Jeanne Schlafer, Nursing Specialist, Northwest Area
Jeanne Schultz, Physical Therapy Specialist-Scoliosis
Gerard Simono, Medical Information Specialist
Susan Smith, Social Work Specialist
Laura Taff, Nursing Specialist, Cystic Fibrosis
Raymond Wahlton, Clinical Audiologist
Orvin Walsvik, Clinical Audiologist
Clark Wright-Edwards, Clinical Audiologist

BULK RATE
U.S. POSTAGE
PAID
MADISON, WIS.
PERMIT NO. 1369

MRS. MARLENE HURST
XEROX UNIVERSITY MICROFILMS
300 N. ZEEB ROAD
ANN ARBOR, MI 48106